

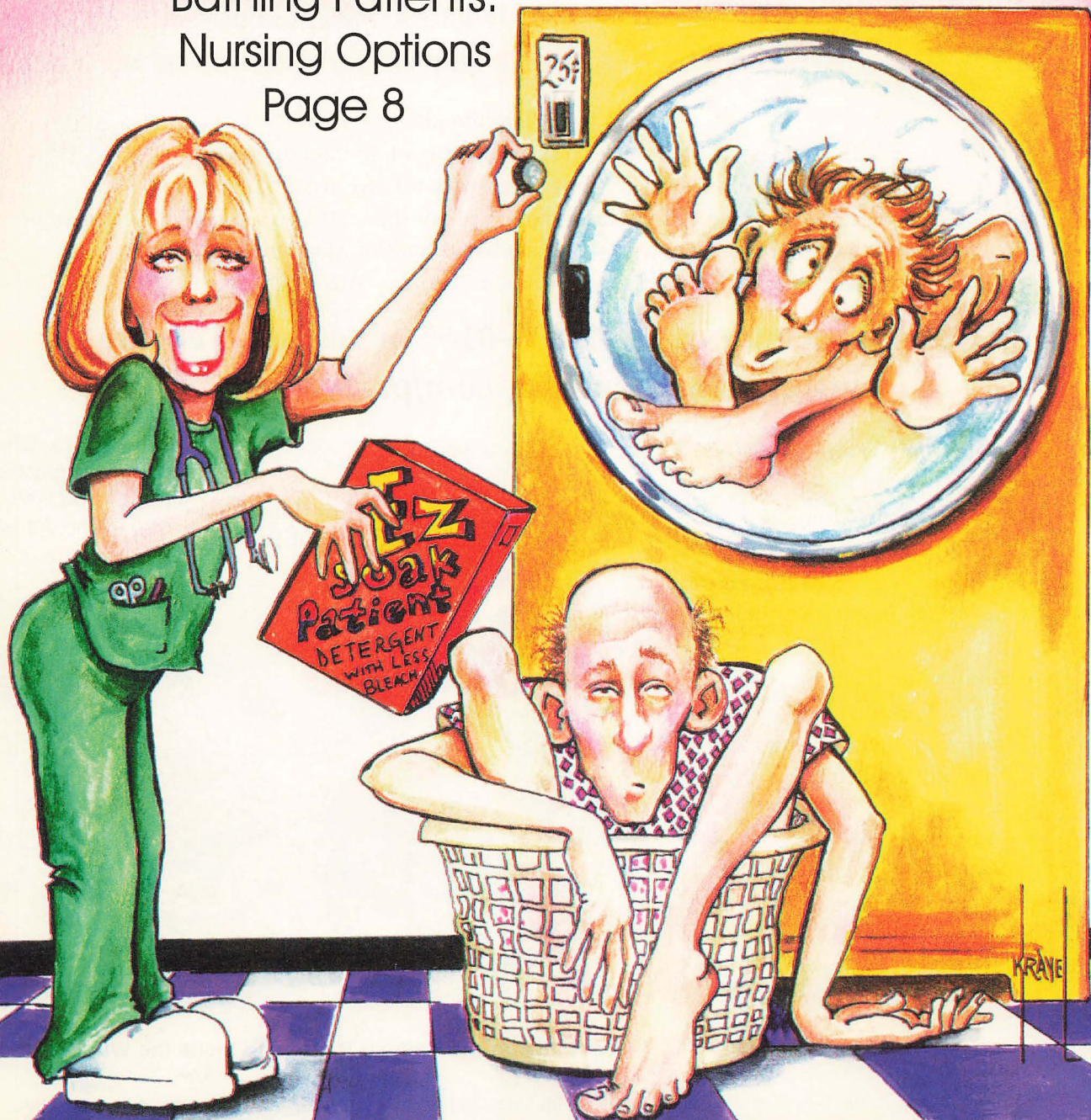
# JOURNAL OF NURSING

## *Jocularity*

The Humor Magazine for Nurses

Volume 8, Number 1 - Spring, 1998

Bathing Patients:  
Nursing Options  
Page 8





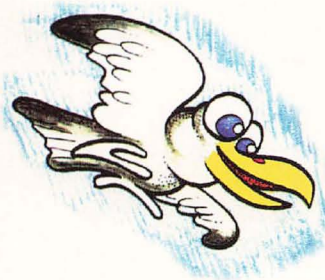
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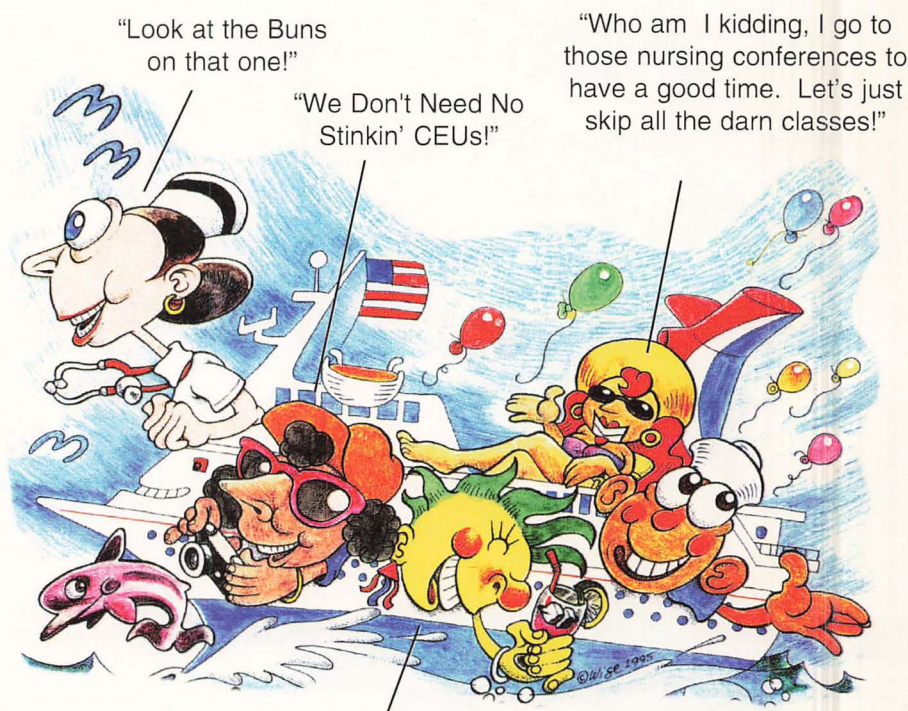
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# Journal of Nursing *Jocularity*

The Humor Magazine for Nurses

## Who We Are

**Publisher** Douglas Fletcher, RN

**Editor** Fran London, MS, RN

## Contributing Editors

John Baringer, RN – Surgical ICU

Raymond Bingham, RNC – NICU

Anita Bush, PhD, RN, CNRN – Assistant Professor

Karyn Buxman, MS, RN – Humor Consultant

Carol Cramer, BSN, CEN, RN – Emergency Department

Mark Darby, RN – Mental Health

Carol Edson, BA, RN – Hospice

Colleen Gullickson, PhD, RN – Assistant Professor

Christopher Hughes, RN – Emergency Department

Frances Kiefer, MSN, RN – Staff Nurse

Susan Kravitz, MS, RN – Psychiatric Nursing

Georgia Moss, RN – Intensive Care

Katherine Robertson, MSN, RN – Community Health

Liz Schultz, MSN, RN, CPAN – Nurse Anesthetist

Steven J. Schweon, RN – Infection Control

Bina Goodman Simon, BSN, RN – Float Pool

Harold Stearley, BSN, CCRN, RN – Stat Nursing

Judith Vallery, EdD, RN – Education

March Warn, RN, CNOR – Operating Room

Patty Wooten, BSN, RN – Humor Consultant

Marion Jackel Wilson, LPN – Home Health

## Illustrators

C. J. Miller, RN – School Nurse

Bob Quick, RN – Medical/Surgical ICU

John Wise, RN – Post Anesthesia

## How To Contact Us

Journal of Nursing Jocularity

P.O. Box 40416

Mesa, AZ 85274

602-835-6165

FAX 602-835-6922

**Publisher** – laffinnr@neta.com

**Editor** – FranLondon@compuserve.com

**Catalog Fulfillment Coordinator** Patricia Fletcher

602-835-6165

**Ad Sales, Speakers Bureau, Writers' Guidelines, Reprints**

**Administrative Assistant** Candace Neudecker

602-835-6165

Candace@jocularity.com

## Subscriptions

**Subscription Fulfillment Coordinator** - Eva Beverlin

602-835-6165

subs@jocularity.com

## Web Page

<http://www.jocularity.com>

**Journal of Nursing Jocularity® (ISSN 1055-3088)** is published quarterly (February, May, August and November) by JNJ Publishing, Inc., 1815 W. 1st Ave., Suite 122, Mesa, AZ 85202. Periodicals postage paid at Mesa, AZ., and additional mailing offices. The Journal of Nursing Jocularity publishes humorous and satirical works in the fields of Nursing, Medicine, and other related disciplines. Send letters and manuscripts to JNJ, P.O. Box 40416, Mesa, AZ 85274. World Wide Web: <http://www.jocularity.com>

**POSTMASTER:** Send address changes to Journal of Nursing Jocularity, P.O. Box 40368, Mesa, AZ 85274.

**To Subscribe:** Send check or money order (U.S. funds only) to P.O. Box 40368, Mesa, AZ 85274. See ad on page 53. We are unable to start subscriptions with back issues. Your first issue may take up to 12 weeks for delivery.

**Address Changes:** Send address changes to Journal of Nursing Jocularity, P.O. Box 40368, Mesa, AZ 85274. Please include mailing label when making change of address or inquiring about your subscription. Allow 8 weeks for change of address to become effective.

## Subscription Rates

USA	1 Year	2 Years	Canada, Mexico and Foreign	1 Year	2 Years
	\$17.95	\$31.95		\$21.95	\$37.95

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Journal of Nursing Jocularity is indexed in the Cumulative Index to Nursing & Allied Health Literature. Printed in U.S.A.



# MUSINGS

FROM THE EDITOR

We regularly get notes from disgruntled readers. We publish almost all of them, hoping that if they represent our readers, more will come in and we will learn how to improve the magazine.

When a sincere note truly asks for a response, I personally answer it. For example, one renewal notice came back with the enclosed handwritten message:

"I'm hoping that you'll continue to improve the quality and depth of your humor. I found it to be too simplistic and only related to floor nursing. Please let me know if you'd like new ideas. At this time I do not wish to renew. Thanks!"

And my response:

"Thank you for your note regarding the quality and depth of the humor we print in the *Journal of Nursing Jocularity*. I am sorry to hear you found our humor too simplistic.

"Our readers determine our content, since our readers are also our writers. We let our submissions determine the areas of nursing expertise we cover and we publish only the funniest of our submissions. If most of our submissions are from floor nurses, a certain proportion of those will be very funny and will be published. If few come from school nurses, few will be published. In recent years,

we have received more submissions from home health nurses and articles about the changes in the medical care environment. Consequently, we have published more in those areas.

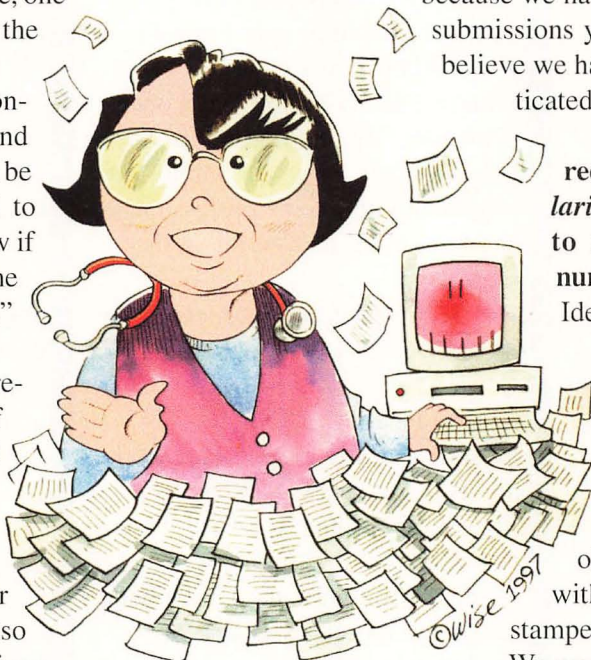
"If our magazine does not meet your needs, it is because we have not received the non-simplistic submissions you are looking for. (I personally believe we have published a number of sophisticated works. Check our back issues.)

**"So, even though you no longer receive the *Journal of Nursing Jocularity*, we welcome you to contribute to make it relevant to working nurses. You offered 'new ideas.'**

Ideas are nice, but what do we do with them? Instead, **please send your article submissions, and ask your colleagues to send theirs.** Our writer's guidelines are available on our Web page at [www.jocularity.com](http://www.jocularity.com). Or you may obtain them by sending us a request with a self-addressed 9x12 envelope stamped with 55¢ postage.

We would love to publish humor which is of higher quality and more in-depth. Please send it!

"If we don't publish articles that make you laugh, send us articles that do make you laugh. Everyone will benefit. We're not looking for great writers. Just nurses with funny stories."



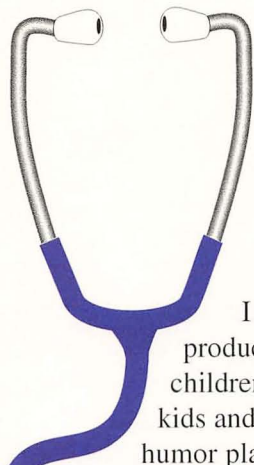
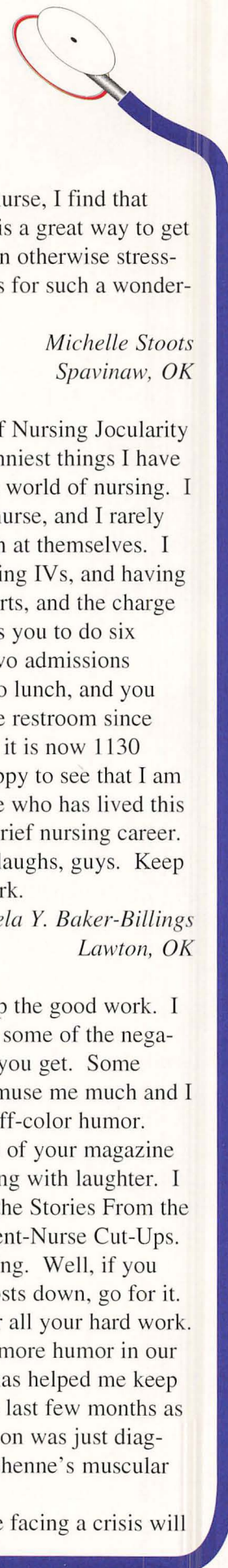
Fran London

Fran London, MS, RN  
Editor



# Stethoscope:

Listening to our Readers



I am the associate producer of an HBO children's special on kids and the role that humor plays in their lives.

I am currently looking for programs that use humor to help kids cope with sickness, illness, or the disadvantages of poverty, crime-ridden neighborhoods, etc. Is your organization aware of clinics that are using humor with kids; is it aware of other agencies using humor to deal with kids and their issues? Please return an e-mail. Many thanks,

*Beth Levison*

*Internet: Beth.Levison@hbo.com*

*Editor's note: If you don't have access to e-mail, you can send us the details at JNJ (see page 4 for ways to contact us) and we will forward the information to Ms. Levison.*

Although I can appreciate the humor of the article entitled "Drugseekers," part of me is angered by it. I theorize two types of drugseekers; those who do so for the "high" and the other who use narcotics to numb the psychic pain of unresolved conflicts. As you might guess, I am a relative of type #2. (No, I am not the seeker.) Given the frustrations we face in emergency health care, and the importance of humor in the workplace, let us not forget to look past

the physical into the spiritual. Thank you.

*David Caulfield  
via Internet*

Been getting your magazine since its conception—LOVE IT!

*Lynda Paquette  
N. Stratford, NH*

I think your journal is sensational. I've been in nursing for 16 years, and lately it has become very stressful. Reading your journal gives me the boost I need—everyone needs a good laugh once in awhile. Those who find it offensive lack a sense of humor. It is quite possible to be professional and have a sense of humor at the same time.

*Delores J. Fleming, RN  
Hollywood, FL*

I found a copy of JNJ and was reading it during my break. I work nights in an Oncology/Bone Marrow Transplant Unit and it can be stressful at times.

I laughed so hard that I cried and nearly fell out of my chair! My co-worker, who didn't know I was reading JNJ, thought I was going nuts! I kept passing her the journal and we both enjoyed it very much.

The next morning, my very first copy of JNJ arrived. I only wished I had subscribed sooner. Please send me your back issues, if available.

I felt like I received that needed "shot in the arm"—I may survive the holidays!

Thanks and keep up the great work!

*Teresa Mitchell, RN  
Amarillo, TX*

As a student nurse, I find that your magazine is a great way to get a laugh out of an otherwise stressful day. Thanks for such a wonderful publication!

*Michelle Stoots  
Spavinaw, OK*

The Journal of Nursing Jocularly is one of the funniest things I have ever seen in the world of nursing. I am a graduate nurse, and I rarely see nurses laugh at themselves. I can relate to doing IVs, and having to close out charts, and the charge nurse still wants you to do six bedbaths and two admissions before you go to lunch, and you haven't seen the restroom since 0400 hours and it is now 1130 hours. I am happy to see that I am not the only one who has lived this chapter in my brief nursing career. Thanks for the laughs, guys. Keep up the good work.

*Angela Y. Baker-Billings  
Lawton, OK*

Please keep up the good work. I am surprised at some of the negative comments you get. Some articles don't amuse me much and I don't care for off-color humor. However, some of your magazine leaves me roaring with laughter. I especially like the Stories From the Floor and Student-Nurse Cut-Ups.

Re: Advertising. Well, if you must to keep costs down, go for it.

Thank you for all your hard work. We can all use more humor in our lives! Humor has helped me keep my sanity these last few months as my 5 year-old son was just diagnosed with Duchenne's muscular dystrophy.

I think anyone facing a crisis will





cope better  
if they can still  
find things to laugh at.  
Of course, my strong faith  
in Jesus Christ has been my  
greatest source of strength.

Thanks again,

*Rebecca Atkinson  
APO AE*

Of my three best friends, two are  
nurse's wives, one is a nurse. It  
really helps me to have friends who  
understand my sick sense of  
humor. Sometimes I forget to  
whom I'm talking and wonder why  
I'm getting such blank looks—if  
I'm lucky enough to get only blank  
looks! Thanks for the Journal.

*Marty Barry  
Searcy, AR*

Laypersons don't find nurses  
jokes funny. They look at you like  
you have gone insane!!!

*M. Smyth  
MB, Canada*

I am a new graduate RN and have  
been a Police Officer for 26 years.  
It is refreshing to know there is  
another occupation with such an  
insiders sense of humor. I check  
out your Web Site as often as I can.  
Your articles and cartoon are both  
funny and educational. keep up the  
good work and keep us all sane.

*Daniel Sebok  
Via Internet*

JCAHO is driving me nuts!!  
Thanks, guys, for adding humor to  
this mess!!

*Kelly Massman-Woodruff  
Moberly, MO*

This is my first year subscribing  
to your magazine. Having just  
finished the Winter 1997 issue, I  
must say the magazine is getting  
much better (and funnier!)

I have been an LPN for over 30  
years. My sense of humor on the  
job had often been described as off-  
beat, bizarre, scary (by some) and  
also by some as unprofessional  
(never!!)

My patients loved me.

My coworkers and some of the  
doctors feared me (although some  
of the nurses often clandestinely  
joined me).

Why? They never knew what to  
expect next.

I finally feel, after all these years,  
that I have been doing the right  
thing—making those around me  
and in my care happier with humor.  
Thank you.

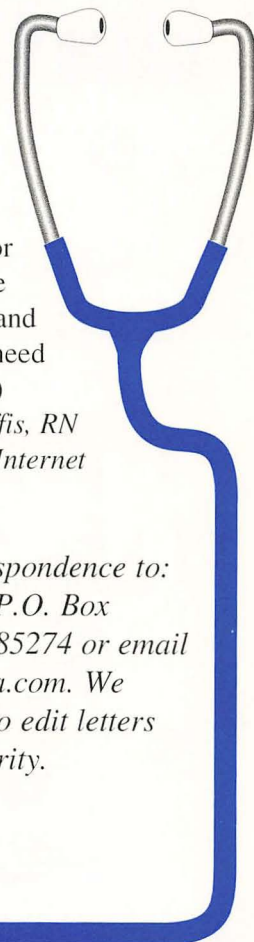
*Letha Roome, LPN  
Putnam, CT*

My co-workers all love it when I  
bring in the latest cartoons and  
articles. Now my Supervisor is

talking about  
starting a humor  
board for us.  
Guess who gets to  
do all the work?  
Oh, well. Thanks for  
a great [WWW] site  
and keep the jokes and  
stories coming. (I need  
them for the board.)

*T. Griffis, RN  
via Internet*

*Send your correspondence to:  
JNJ Stethoscope, P.O. Box  
40416, Mesa, AZ 85274 or email  
to LaffinRN@Neta.com. We  
reserve the right to edit letters  
for length and clarity.*



STATEMENT OF OWNERSHIP, MANAGEMENT AND CIRCULATION (Required by 39 U.S.C. 3685). 1. Title of Publication: Journal of Nursing Jocularly. 2. Publication number: 1055-3088. 3. Date of filing: September 29, 1997. 4. Issue Frequency: Quarterly. 5. No of issues Published Annually: Four. 6. Annual subscription price: \$17.95. 7. Complete Mailing Address of Known Office of Publication: 1815 W. 1st Ave, Mesa, AZ 85202. 8. Complete Mailing Address of Headquarters or General Business Office of Publisher: P.O. Box 40416, Mesa, AZ 85274. 9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor: Publisher- Douglas Fletcher, JNJ Publishing, Inc. P.O. Box 40416, Mesa, AZ 85274; Editor- Fran London, P.O. Box 40416, Mesa, AZ 85274; Managing Editor- None. 10. Owner: JNJ Publishing, Inc., P.O. Box 40416, Mesa, AZ 85274; Douglas Therman Fletcher, PO Box 40416, Mesa, AZ 85274; Patricia Helen Fletcher, PO Box 802, Gilbert, AZ 85234; Karyn Lynn Buxman, PO Box 1273, Hannibal, MO 63401; Andrea H. Sangrik, 10811 Brainard Dr., Parma, OH 44130; John Lee Baringer, Jr., Box 2221, Tucson, AZ 85702; Carol Jean Edson, 1557 Vancouver, Livermore, CA 94550; Pauline Catherine Donnelly, 613 Aylesworth Ave, Bridgeville, PA 15017; Patricia S. C. Wooten, PO Box 4040, Davis, CA 95617. 11. Known bondholders, mortgages and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages or other securities: None. 12. Not applicable to JNJ Publishing, Inc. 13. Publication Name: Journal of Nursing Jocularly. 14. Issue Date for Circulation Data Below: Fall 1997

	Average no. of copies each issue during preceding 12 months	Actual no. copies of single issue published nearest to filing date
A. Total no. copies printed (net press run)	22,585	20,568
B. Paid circulation		
1. Sales through dealers and carriers, street vendors and counter sales	None	None
2. Mail subscriptions	18,453	17,963
C. Total paid circulation and/or Requested Circulation	18,453	17,963
D. Free distribution by mail, carrier or other means, samples, complimentary, and other free copies	62	71
E. Free Distribution Outside the Mail	None	None
F. Total Free Distribution	62	71
G. Total distribution	18,515	18,034
H. Copies not distributed		
1. Office use, left over, spoiled	4,070	2,534
2. Returns from news agents	None	None
I. Total	22,585	20,568
Percent Paid and/or Requested Circulation	100%	100%

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# Bathing Patients: Nursing Options

by Michael L. Williams, MSN, RN, CCRN  
Cindy Donaldson, BSN, RN, CCRN  
and Laura Shakarjian, BSN, RN



In today's cost-reducing environment, nurses are encouraged to think outside the box, turn the processes upside down, and shift their paradigms. We are challenged to examine the need for every standardized nursing intervention.

Nurses have always found ways to streamline work and provide optimal care within resource-constrained environments. Yet, one task we often overlook is the traditional bed bath. Here are some suggestions for cutting costs in this area. Included are helpful hints, specific to both assistive and professional bathers, for a variety of bathing options.

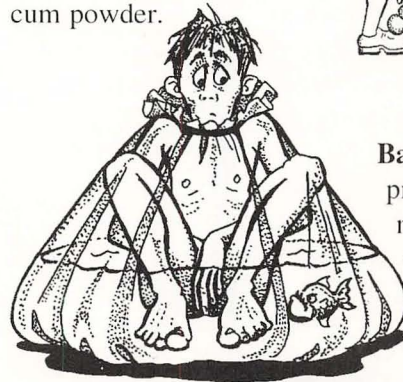
**Complete** In a complete bed bath, soap and water are used to remove the epidermal skin layer. If the washcloth is not made into a hand mitten, it's not a *complete* bath. Patients, even if capable, are not allowed to assist the bather.



**Pits & Pubes** This is one of the most time-efficient procedures. It is usually reserved for critical care patients. Soap and water are optional. When you are busiest, use only talcum powder.



**Assist** Throw a basin and towel on the patient's bedside stand. Return in ten minutes. Don't ask if the patient has actually washed, and remove the wash basin. Document the patient received a "bath with assist."



**Bag Bath®** This is a real product currently on the market. Bag Bath® provides the utmost in quick, efficient and quality patient hygiene.





**Old Bag Bath** This developmentally-appropriate and gender-sensitive bath is one of the most time consuming. To be used only with women over the age of 70. If uncertain how to apply a corset, review that

procedure before proceeding. In some instances, it may be necessary to reposition the patients breast's before applying baby powder to armpits.

**Geezer Bath** Equal time for older men. Chronological age is irrelevant; geezers cover the life span of the male life form. Accurate assessment is a must. Once completed, document "G.B. done" in the hygiene section of the patient flowsheet.



**Baby Hose-Off** For the real extreme diaper doo-dos, one nurse should strip the baby, and, using a device similar to



a kitchen sink sprayer, simply hose down over the sink, toilet or hopper. Garbage disposal may be useful for large chunks. Warning: Do not subsequently use this sink for food preparation.

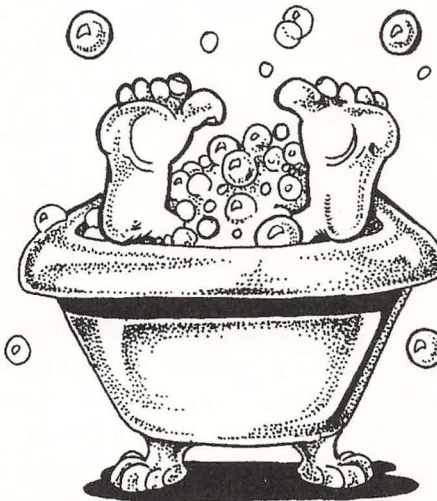
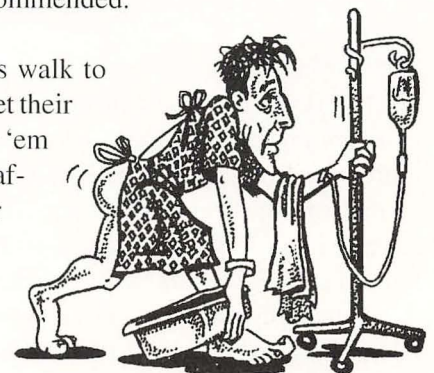
**Hose & Go** Perfect for those units who still do functional nursing, but it requires three people to be most efficient. Nurse #1 simply fills an enema bag with warm water (105 - 110° F) and gives a three second splash to each patient. Nurse #2 scrubs the wet area and Nurse #3 fans the area dry. An entire unit of thirty or more patients can be completed within twenty minutes. Now that's work redesign! Re-



**B.O. Special** For the patient with really bad B.O. Before beginning, special precautions must be taken. Any nauseated staff should avoid this patient at all costs or eat lunch at least one hour after completing the bath. Put

on a mask sprayed with air freshener before entering the room. Chlorine bleach, disinfectant spray and wintergreen are recommended. Plastic coverlets and veterinary gloves are optional, but recommended.

**Self** Let the patients walk to clean supply room, get their own basins and show 'em where to document after they've done their duty. They're on their own for the duration of the hospital stay.



**Calgon® Special** Reserved for nurses who have worked two or more doubles in any given week. Dump as much bubble bath, or oil, or whatever you enjoy, into the tub. Whirlpool jets preferred. Try to forget all the naked patients you've seen this week.

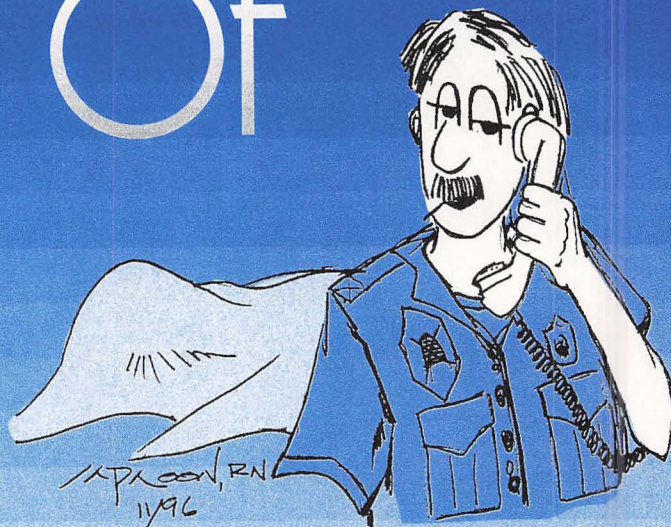
**Resource constraints are the mother of invention. Not only do we have to think outside the box, but we must bathe outside the wash basin. Next time you're getting a patient cleaned up, consider one of the options above . . . and happy bathing!**





# THE LEGEND OF GREG

by Carol Cramer, RN, BSN, CEN



I work with a paramedic named Greg. He is a rock. He is as unmovable as Mount Rushmore. If science could reproduce Greg's ability to remain calm, it would have a medication stronger than Xanax, Valium or Ativan. You have heard of Superman, the Man of Steel. Well, Greg is Super Paramedic with Nerves of Steel.

Something must get a reaction out of Greg. However, I don't know what it is. Buildings burn. People die. Greg stands tough. I believe the earth could shake and sky fall and Greg would go on unfazed.

In addition to being a paramedic and a fireman, Greg is a father and a Boy Scout leader. I think it is the combination of these four roles that gives him the nerves of steel.

Greg never panics or complains. He does make a noise, though. It's a popping noise that comes out of the side of his mouth. One of his partners told me he makes the noise to pop his ears.

When Greg is not working as a paramedic for the fire department, he moonlights as a paramedic in the ER. When the ER gets word of the impending arrival of ten MVA patients, everyone gets anxious. Everyone but Greg. Greg just makes the popping noise, moves his toothpick and says, "Doesn't matter whether I take care of one person or forty. I get paid the same."

Some would assume from that statement that Greg does not plan to work. This is not the case. Greg has one speed. The Greg speed. He never goes faster or slower. But he always goes. He never sits. If he is not taking care of a patient, he is stocking or cleaning.

A while back, one nurse who works in the ER gave birth to her son in the back of an ambulance. The delivery occurred years before she worked in the ER or knew Greg.

When her contractions became intense and delivery was imminent, her husband called for an ambulance. When the paramedics arrived, they found their patient lying on the floor in the upstairs bathroom. As the paramedic assessed the scene the frantic nurse/mother-to-be screamed, "Am I going to deliver this baby here?!" The paramedic's facial expression never changed as he said, "Yep, looks like it."

We are convinced that the paramedic who delivered her son was Greg. Greg does not remember. When asked, he said, "Yep. Could have been. I've delivered lots of babies."

Greg was working in the field as a paramedic when he called the ER to report a suicide. The ER nurse who answered the Biocom was new and did not know Greg. Greg gave a brief report saying that the patient had shot himself in the head and was dead. The nurse taking the call considered this information insufficient. She began asking questions.

"Is he breathing?"

"Nope." Pop.

"Does he have a pulse?"

"Nope." Pop.

"What is his Glasgow?"

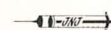
"Three." Pop.

"How are his pupils?"

"Fixed and dilated." Pop. "One's fixed on the ceiling. One's fixed on the floor." Pop.

The nurse on the Biocom did not know whether to laugh, get mad or keep asking questions. The other people who were sitting at the nurses' station began to laugh hysterically. Greg did not laugh. It wasn't funny. He was just answering the question.

Or so the legend goes.





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# BILLABLE HOUR\$

by Raymond Bingham, RNC

Not long ago, I attended a mandatory all-day seminar at the hospital where I used to work. It was conducted by a management consulting firm hired by the hospital administrators. Perhaps you have attended one like it yourself—they are all the rage. Its purpose was to inform the staff that a hospital is a business.

I left the seminar deeply moved by this new perspective. So a hospital is not, as I had always thought, a community institution where the sick or injured go for treatment by a dedicated, professional staff. Rather, it is a fancy, high-rise health department store. The Intensive Care Nursery where I work is not a unit dedicated to the care of the tiniest, most fragile patients. It is a high-priced baby factory outlet. We weigh our infants every day, not to check their growth or assess their fluid balance, but because we sell them by the pound. And I am not a nurse working with these infants out of dedication and love. I am a businessman with a product to push. I am only in nursing for the money.

The following week brought an interesting test of my new role.

One shift, I took care of a septic premature infant on the

verge of death. It was a good business day. We sold several antibiotics, some cardiac medications, a few IV tubing sets, an IV catheter or two, a stack of gauze pads, several high-margin blood products and a whole slew of laboratory tests. We rented out the bed space, complete with moni-

tors, a high tech ventilator and many IV pumps. I daresay, we were making a killing.

Despite the best care we could sell, he failed to improve. In fact, right at change of shift, his heart rate plummeted. We were quickly able to unload an assortment of code drugs and an attractive array of emergency equipment. Still, he died.

His parents made it in shortly after the code was called. Although my shift had ended and I had not met the parents before, I sat with them back in our conference room. We sat there together for a long, long time. The father held the mother as she wept. Finally, the mother sat up and dried her eyes. I walked with the father back to the bed to see his son. He asked me to take some pictures. Together we wrapped the body in a blanket and carried it back to the conference room. The mother held her baby and cried some more.

It was by far the strangest business meeting I had ever

**I could bill at the hospital administrator rate. Let's see, by a quick calculation, \$150,000 per year, divided by 50 weeks, divided by 40 hours per week, comes out to \$75 an hour. Times two hours, that's \$150.**



attended. But then, the customer is always right.

Suddenly the mother stopped crying, looked up, and started talking about her son, how much she loved him, how hard he had fought in his brief life. I told them that he knew of their love, and that he had given them as much time as he could. When they were ready, I took the body back out, then returned to the room. We smiled and shook hands all around.

After the parents left, I had to wrap the body in a plastic shroud and take it down to the morgue, ready for shipment. Then I had some paperwork to finish up. Finally, I was ready to leave. I went to the time sheets, then looked at the clock. It was two hours past the end of my shift. Two billable hours.

As a businessman, how should I bill the hospital for my time?

I could claim I had stayed late as a consultant, helping these parents manage the business of their son's death. A good consultant, I believe, makes about \$50 an hour. Times two hours, that comes to \$100. Not bad.

Or since, by my admission, I had done little during that time but sit on my rear, then ended up pushing a few papers, I could bill at the hospital administrator rate. Let's see, by a quick calculation, \$150,000 per year, divided by 50 weeks, divided by 40 hours per week, comes out to \$75 an

hour. Times two hours, that's \$150. Better.

Of course, a good prostitute, so I have heard, can make \$200 to \$300 an hour. But I hadn't done anything to warrant that designation.

Lastly, I thought, I could claim that a patient death was simply a shortened hospital stay that saved thousands in potential hospitalization costs. And I could claim that the removal of the body was actually a downsizing that resulted in greater efficiency, streamlined the unit and improved the insurance profit margins. Then I could bill my time at the health corporation executive rate. Let's see now, \$3,000,000 per year, divided by 50 weeks, divided by 40 hours per week comes to \$1500 per hour. Times two hours, that comes to \$3000. Yeah, I could live with that.

I stared at that time sheet, unable to decide. Finally, I wrote my time out at 7:30 p.m., the end of my regular shift. For those last two hours: no charge.

Turns out I'm a lousy businessman. But as a nurse, I knew that by staying, by seeing my patient through his final moments of life, by helping his parents through their first moments of grief, I had gained more than anything money could buy.

Also turns out that "no charge" was soon to be my going nurse rate. Two months later I got laid off.



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# Site Visit Survival: Emerging from the NLN Encounter with your Senses Intact

by Linda Hatke Ruholl, MS, RN

The NLN site visit is a challenge for any school or college of nursing. The following inservice education tool was developed by a recent site visit survivor. It is offered in a spirit of collegiality as an aide to other educators preparing to face this challenge.

**1. Your faculty group is meeting to prepare for the site visit. Which kind of preparation is most likely to be helpful?**

- A. Review the success of your graduates on the NCLEX.
- B. Check to see how many of last year's graduates have a job.
- C. Prepare a detailed chart that demonstrates how clinical objective #106 from Know Nothing About Nursing 101 relates to course objective #3 from Know a Bit About Nursing 110, as well as to terminal objective #6.
- D. Find out whether local employers are satisfied with your graduates.

**Correct response: C. Rationale:** Site visitors recognize that the tiresome nattering about program outcomes from the US Department of Education is a temporary phenomenon. If a school of nursing produces a graphic chart which interrelates, correlates, amplifies and verifies all the course, clinical and terminal objectives, program outcomes need not be met and are most likely unnecessary.

**2. You are in the throes of producing the required self-study which must be prepared, printed and mailed prior to your site visit. Which strategy will be most appropriate for the writers to adopt?**

- A. Strive for clear, concise language in order to answer the criteria in a comprehensive manner.
- B. Form work groups and divide up among the faculty the preparation of criteria.
- C. Discuss the real meaning of the criteria with colleagues before writing anything.
- D. Take up a collection and purchase a copy of every thesaurus available in the English language.

**Correct response: D. Rationale:** Amplifying, clarifying and verifying are all polysyllabic words. It is inappropriate to prepare a self study containing more than a few words with less than three syllables. This minor problem can be overcome if each writer is equipped with a different thesaurus. A word processing program with a thesaurus pre-installed is a real plus.

**3. The self study has been completed and has been sent to your campus print shop. It returns to your division minus several pages. Which is the best response?**

- A. Return the self study to the print shop to be redone. Mail it off when it returns.
- B. Return the self study to the print shop to be redone. Check it when it returns for new and different missing pages. Mail

it off.

- C. Return the self study to the print shop to be redone. Check it when it returns. Determine which new pages have been eliminated. Return it to the print shop to be redone the second time. Mail it when it returns.
- D. Return the self study to the print shop to be redone. Check it when it returns. Make a list of the new missing pages. Run them off yourself. Hire your daughter's teenage friends at \$14.00 per hour to help you take the self study apart, punch the missing pages and put them on the spiral binder. Mail it off.

**Correct response: D. Rationale:** College print shops are a monopoly with no stake in customer satisfaction. Teenagers are underemployed, but willing to work if adequate wages are provided.

**4. A site visitor will soon visit your clinical area. You are in a small, conservative Midwestern hospital. Which preparation will be most helpful?**

- A. Review the conceptual framework of your program with your clinical group a few days before the expected visit.
- B. Assess the physical and mental characteristics of your clinical group at the start of the day.
- C. Coach the students to be restrained, but friendly and cooperative.
- D. Hire a Nigerian exchange student with a philosophy major and minimal English skills from the nearest large university to pose as a nursing student for the day.

**Correct response: D. Rationale:** The site visitor will be so impressed with your rich cultural diversity that few questions will be asked. The visitor's desire to avoid the appearance of discrimination will conceal evidence that the fake student can't respond to questions in the language of the dominant culture. The student's absolute ignorance of anything to do with nursing is canceled out by the beauty of her braids and colorful dress.

**5. After you have put in a full clinical day starting at 5:30 a.m., you will be asked to attend a late afternoon faculty meeting with the site visitors. How can you best prepare yourself for this experience?**

- A. Read through the self study the night before the interview.
- B. Come to the meeting with a full bladder and an empty stomach.
- C. Review the program outcomes of your school.
- D. Fix a friendly smile on your face in the hallway before you enter the room.



**Correct response: B. Rationale:** The high circulating catecholamine levels stimulated by hunger and pressure on your aging bladder will guarantee witless answers to the equally witless questions the site visitor will pose.

**6. Site visitors are set up in a conference room for the required faculty meeting. What kind of an introduction should you expect?**

- A. Site visitors will introduce themselves, then faculty members will introduce themselves.
- B. Site visitors will introduce themselves and then request that faculty members introduce themselves and share what courses they teach in the progression.
- C. Site visitors will introduce themselves. Faculty will not.
- D. It is the end of the day. Introductions are redundant.

**Correct response: C. Rationale:** It is crucial that the important people in the room be clearly identified. Site visitors recognize their own importance, and also that faculty are readily interchangeable. Time constraints at the end of the day preclude faculty introductions.

**7. Refreshments have been provided and set in front of the visitors. They are out of reach of most of the faculty. Which site visitor behavior is most likely to occur?**

- A. Site visitors will encourage faculty to get a drink and will pass the fresh fruit before the start of the meeting.
- B. Site visitors will neither eat nor drink because spills and grape skins stuck in the teeth look unprofessional.
- C. Site visitors will state in their report that the drinks were warm and the fruit was stale.
- D. Site visitors will eat the fruit and drink the sodas. Faculty will not.

**Correct response: D. Rationale:** Group dynamics dictate that the first people at the table control the meeting. Site visitors were seated first. If a Higher Power had wanted faculty to eat and drink, the vendor would have been divinely inspired to set the food and drink in an area that would have been accessible to all participants.

**8. You are seated at the table next to a team member of the site visiting team. The team member established rapport with you earlier at the clinical site by revealing that clinical supervision of students is also a part of her role. Your attention wanders during a particularly convoluted query about your program's clinical objectives. Which fantasy is most likely to result in your making a fool of yourself?**

- A. Visualizing that you have completed your overhaul of the NUR:299 Spring syllabus three weeks early.
- B. Picturing yourself at home in the hot tub with Clint Eastwood and a 1976 bottle of spätlese from the Nahe region.
- C. Imagining what would happen if you took this opportunity to practice your day's ration of Kegel exercises.
- D. Thinking about what would happen if the site visitor administered a Dulcolax suppository with her half-inch long fingernails.

**Correct response: A. Rationale:** You don't have a syllabus to revise. The comprehensive analysis, synthesis, clarification, evaluation, verification, and amplification of the program's objectives which will follow the site visit means you will be starting from scratch.

**9. The faculty interview is complete. Most of the faculty leave, but you stay behind because you think you might have something in common with one of the site visitors, and want to engage her in conversation. What is the most likely outcome?**

- A. The site visitor will relax and share a few anecdotes.
- B. The site visitor will belatedly remember her manners and offer you a soda.
- C. The site visitor will welcome the chance to chat and suggest you move to Benny's Bar and Grill, so you can both let your hair down.
- D. You will be cut off at the knees.

**Correct response: D. Rationale:** You have forgotten your role as a nameless life form. Besides, these people don't have time to talk. They have less than twenty hours to produce a detailed written report relating to NLN concerns about your program's objectives.

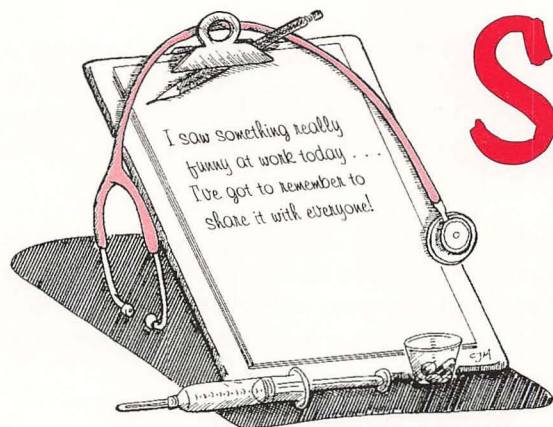
**10. The site visitors' critique of your program is complete. Your program has unrestricted approval for eight years. The visitors' only written concern is the apparent lack of progression in the flow of clinical objectives from Know Nothing About Nursing 101 through Know Quite a Bit About Nursing 299. Which of the following is the most appropriate response from the program director to this critique?**

- A. "Thank you for your input. As we speak, a faculty committee is rewriting all the program's clinical objectives."
- B. "I'm afraid I don't understand your comments. Our objectives were developed with the assistance of an NLN consultant, and were considered highly appropriate at the last site visit."
- C. "We appreciate your valuable comments. My secretary is currently making up packets to mail to all our clinical affiliations sites."
- D. "Here is a large tube of lubricant. Please insert your critique into your body's largest dorsal cavity."

**Correct response: A. Rationale:** NLN site visitors must constantly stress the importance of amplified, verified, clarified, comprehensive and lengthy course, clinical and terminal objectives. Faculty will be diverted from wasting precious time on unimportant matters such as safe and competent nursing practice. This strategy is particularly important in view of the Department of Education's constant harping about schools' accountability for the quality of work done by their graduates.







# Stories From The Floor

## Owwee

Gail MacDougall, RN

On an evening shift recently, an episode of SOB, nausea and elevated BP and a pulse of 159 sent me to ER with classic signs and symptoms of an MI. After hooking me up to EKG, O<sub>2</sub>, an IV and three nitros, the cardiologist arrived. He started the physical exam and when he put pressure to my mid-sternal area, I cried out in pain. He again put pressure in that area and it radiated from my left shoulder down my left arm. The pain was intense!

He and the ER nurse assisted me to a sitting position. Then, everyone had a big laugh. What caused the pain? In the heat of the moment, my employee badge with three merit stars had unpinned.

## The Blind Leading the Blind

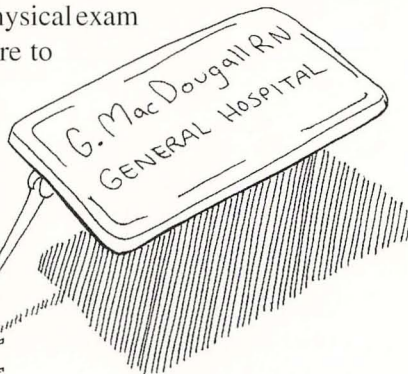
Evans Johnson, LVN

At the nursing home where I work, the recreation room was closed for cleaning, so several of the more restless residents chose to walk the halls after lunch. One resident began showing signs of agitation and I asked him if he'd like me to escort him to his room.

"Hell no," he replied, "I ain't going nowhere with you." Pointing to a seated resident, he said, "He ain't going nowhere. You ain't going nowhere. Hell, half the people here ain't going nowhere."

"That's nice," I replied, "we're all going nowhere together."

"Hell no!" the resident retorted, "I'm going nowhere by myself."



## Doubting Lung Existence

Mike Dono Jr., CRTT

Most of the residents at the rehab facility where I work are elderly postops and very sociable. Recently one lady I was treating came by in her wheelchair with a newer resident and, pointing to me, said "... and he's my respiratory atheist ..."

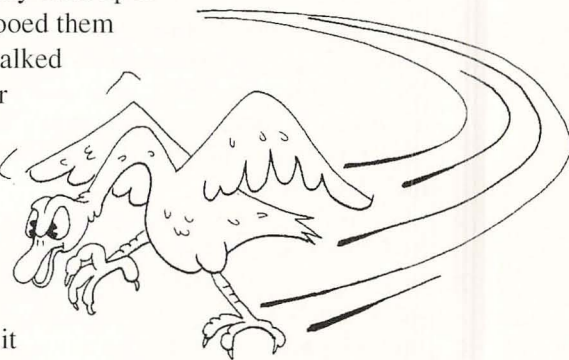
## Attack Geese

Angelika Harder, RN

While working for a home health agency in Arizona, I was assigned to an elderly lady who lived in an adult supervisory home. The residence was out of town. Even though I had directions, I got lost. Arriving about one hour late, I drove through the gate to find no one around. It was lunch time.

I parked my car in the drive and was about to get out, when five geese rounded the corner of the trailer home. Hissing and snarling, they surrounded my vehicle. Each time I opened the door an angry goose beak snapped at me. I sat there considering my options and then proceeded to honk my horn.

After a few minutes of honking, the trailer door opened and two elderly residents appeared. One senior, with a walker, very calmly went up to the geese and shooed them away. As we walked back to the trailer together, the other gentleman stroked my hand and said, "Honey, next time don't honk the horn, it upsets the poor geese!"





## Is That All There Is?

Jim Reske, RN

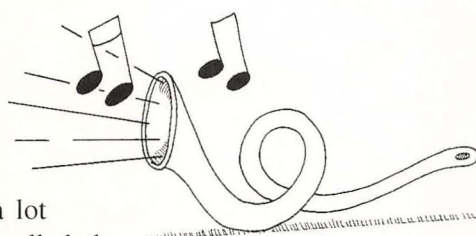
I had a patient in the ER a couple of months ago who was 102 years old. The lady was extremely sharp for her age and we were all commenting on how wonderful it was that she could reach 102 and still have most of her faculties.

"Well," she said, "It's not hard to live to be 102 . . . you go to bed at night, you get up in the morning, you go to bed at night, you get up in the morning, you go to bed at night, you get up in the morning, and next thing you know . . . it's a hundred years."

## Yo Yo Ma, He Ain't

Sally A. Fitzgerald, RN, BSN, CCRN

I was taking care of a postop abdominal surgical patient who was complaining about a lot of gas pain. I called the physician and got an order for a rectal tube. When I went to note the order, the unit secretary mistakenly took the order off for a "recital tube." Some music, huh?



## Weird Science

Michael Babchuck

During my college years (that's shortly before the discovery of electricity), I had a job at Massachusetts General Hospital in the hematology lab. A favorite source of jocular was discussion of the research done on Standing Stool Velocity (SSV). We dared new technicians to test of the gullibility of patients by asking them to undergo the SSV. (I blush to think that, even now, the thought of this test brings a foolish grin to my face.)

## You're Not Listening

Peter Ramme, RN, CEN, CCRN

A patient arrived by ambulance to the ER with a chief complaint of suddenly being unable to speak. After my best possible assessment and history, the I posted the patient's complaint on the flow board as "unable to speak."

The ER doc liked to get an impression from us nurses when he could, so he asked me, "What's up with this guy?"

"Well, he's unable to speak," I said.

"Yeah, but why?"

"He didn't say."

## Growing Industry

Janey Donaldson, RN

I work in a newborn nursery. The Children's hospital next door is doing research that requires we donate any foreskins we harvest during circumcisions.

To explain why I'm saving the foreskins, I used to tell curious onlookers that we were going to plant them and grow our own men.

Then one day, a father said, "Why don't you just tell everyone you're making a wallet that grows into a briefcase when you rub it?"

## I Have Heart Trouble

Peggy McPherrin, LPN

Preparing to do an EKG in our busy outpatient clinic, I stated to the patient on the examining table, "OK sir, why don't you take my shirt off?" instead of "your shirt." He looked up with a big smile and gladly offered.



## I Need Orientation

Billi J. Casey, RN

I floated to a newly renovated floor. During report, they told me one of my patients had been smoking in his room, even though he had been reminded many times that he was in a smoke-free facility.

When I entered his room, I smelled cigarette smoke and heard a continual beeping. I admonished him for smoking in his room and setting off the smoke detector. However, I could not find the smoke detector, even with the help of another nurse.

The charge nurse came in and asked what we were doing. We explained the situation. She walked over to the patient and reached up, touching him behind his ear. The beeping suddenly stopped.

As soon as we got out of the room, she informed us the beeping was coming from the patient's hearing aid. It was turned up too high!

My patient must have decided that a cigarette wasn't worth the commotion, because they never had trouble with him smoking in his room again.

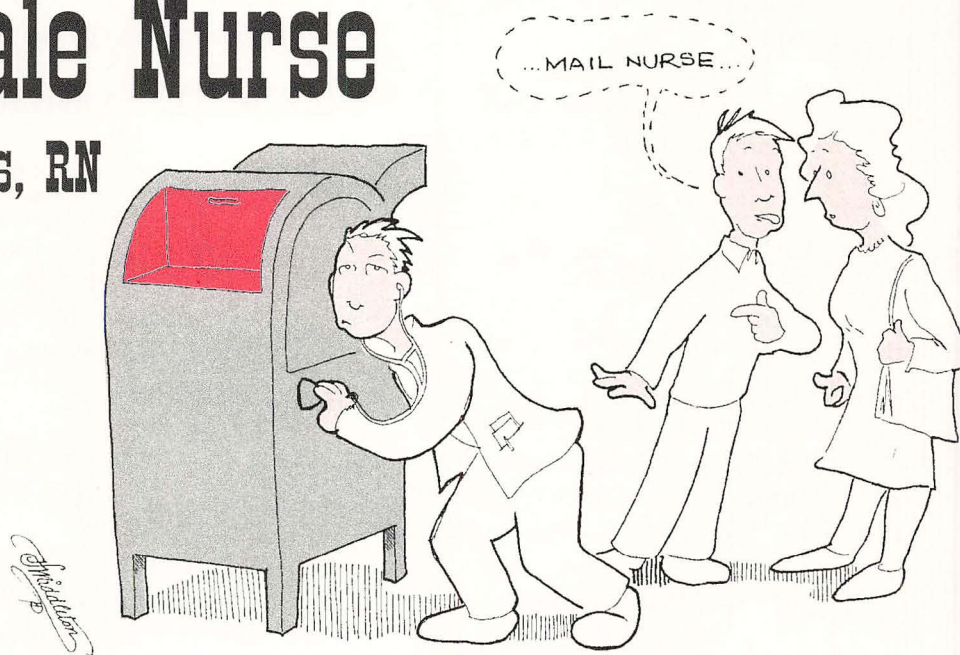
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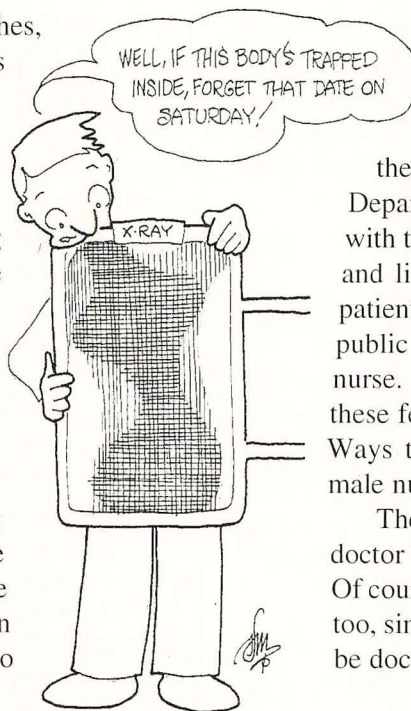
# I Am a Male Nurse

by Christopher Hughes, RN



Hello. My name is Christopher Hughes, and I am a male nurse. Don't panic, this isn't a telethon or a twelve-step program or something. I just wanted to tell you what it is like to be a male nurse.

In today's enlightened society, you might think being a male nurse is no big deal. But the truth is, being a male nurse still has a stigma. It's really hard to put your finger on. It's the sort of *look* you get when you tell someone what you do. Now I don't really have the time to sit around and ponder why, in a world where gender roles are evolving constantly, the American public, and even the nursing profession, hasn't been able to accept the male nurse. (Who am I kidding? If I have the time to write a sentence with fourteen commas in it, I can surely take the time to



formulate a couple of theories. Besides, my wife is hollering at me to take out the trash.)

I happen to be lucky enough to work as the Nurse Manager of a nifty little Emergency Department in Kansas City. I have a lot of contact with the hospital-going public, most of it bloody and life-threatening. And these aren't even the patients. Through this contact, I have found the public usually feels one of two ways about a male nurse. In fact, I have quite brilliantly paraphrased these feelings into theories. I call these theories: Ways that the hospital-going public feels about male nurses. (Catchy, eh?)

The first is the "you must have wanted to be a doctor but flunked out of medical school" theory. Of course, this theory holds true for female nurses too, since everyone knows that all nurses yearn to be doctors. Personally, I have no desire to flunk



out of medical school. Flunking out of nursing school was good enough for me. I bet I get called "Doctor" a thousand times a day. Maybe it's the white coat that I wear to project a professional image. Maybe it's the fact that I illegally park in the doctor's lot. Who knows? People simply won't believe I am a nurse, even as we stand together watching my car being towed.

I find the second theory particularly ominous. It's the "you must be a woman trapped inside the body of a man" theory. Why can't a man nurture and still be considered manly? I write poetry and stuff like that, but I also hunt and fish, hang glide and mountain climb, which is darn tough in Missouri. In fact, I've recently enrolled in a course at a local community college called Sensitive Manly Art, where we learn to sculpt. But instead of using clay, we use plastic explosives.

Surprisingly, I have found some female nurses have also been slow to accept male nurses. This is probably just a knee-jerk response to the old notion that men want to come into the profession and take it over. "You know, screw it up like you guys have screwed everything else up," as one of my colleagues gently put it. Hey, that's uncalled for. I have no plans to personally take over the profession. I *would* like to become a quasi-dictator in my department, but I realize that takes time, or at least a Master's degree.

To their credit, when I was hired the girls in the department went out of their way to make me feel welcome. I thought the garlic and crosses adorning my locker were a nice touch. Some bitter feelings did exist, however. One of the girls followed me around for weeks, wearing a black hooded robe, and carrying a scythe in one hand and a Foley catheter in the other. Later, when I explained that I felt somewhat threatened in her presence, she apologized, stating she had nothing against male nurses as a whole. She just thought I was a turd. We made up, and I fired her shortly thereafter, solving the problem. By the way, this also went a long way toward improving gender relations.

Having put minutes of whining into this essay, it would only be fair of me to discuss ways male nurses can help overcome the barriers that exist and make our patients, as well as staff, more comfortable. Unfortunately I am neither fair nor creative enough to think of any. Sorry.

Just kidding.

Men, we must remember that we are still working in a largely female domain, and we must respect this. I caught a lot of flak when I first started, just because I tried to hook up our heart monitors to a satellite dish so they would pick up ESPN. As I look back, this was probably a mistake. For one thing, there was no connection for a remote. Also, the darn picture kept jumping up and down.

Also, men, we need to recognize and enjoy the positive differences between the genders. Hold on a minute, I know there must be some. Let me think . . . hmm. Well, make some up then.

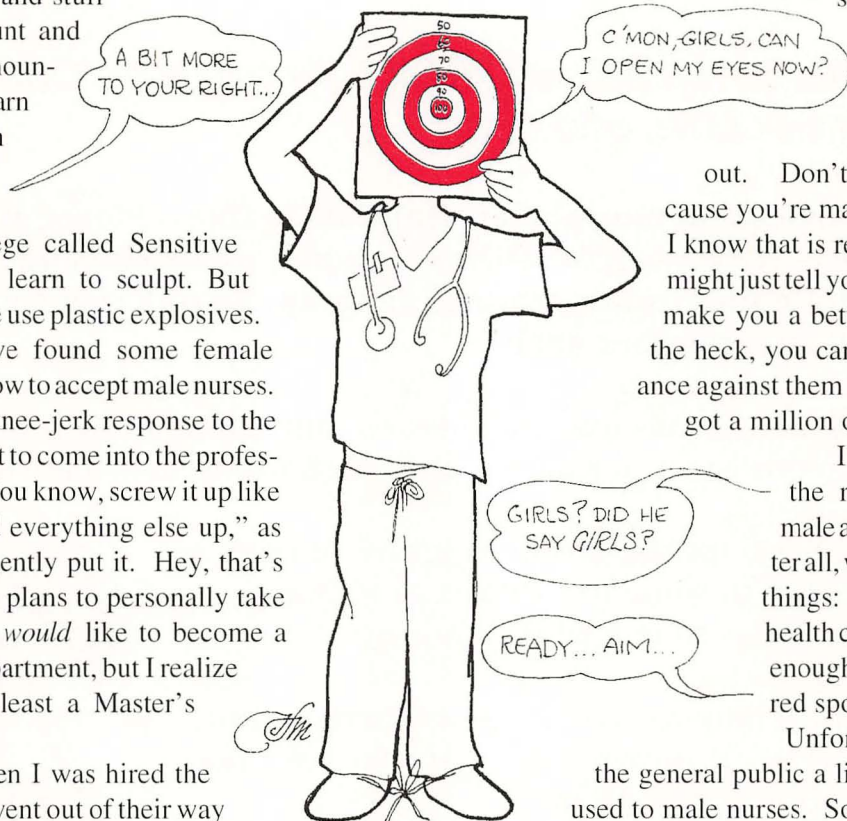
People don't always get along. If someone has a gripe with you, hear them out. Don't just assume it's because you're male (although you and I know that is really the case). They might just tell you something that will make you a better nurse. And what the heck, you can always file a grievance against them later. (Hee hee! I've got a million of them!)

I feel time will improve the relationship between male and female nurses. After all, we both want the same things: to provide quality health care to all, and to make enough money to own fancy red sports cars.

Unfortunately, it may take the general public a little more time to get used to male nurses. Some people just can't grasp contemporary social changes. To make it easier on them, I like to sit down with our patients and show them pictures of my wife and kids. It seems to put their minds at ease and makes me seem more human, even though my children look like the spawn of Satan. I'm even developing a slide show of our recent trip to Topeka. This helps them relate to me better as a person, which is the first step to developing a good professional relationship.

It's working, too! Recently, as one of our most bombastic patients prepared to leave, he pulled me aside and said, "You know, Doc, I didn't really like you much at first, but I've really come to respect our professional relationship. Now, could you write me a scrip for those Percocet pills, and send the nurse in before I leave?"

I guess I need a better slide show.





# The Next Time You Call in Sick

## by Christine Stephens, RN

Our hospital has a new procedure for calling in sick. Call the number dedicated for sick calls, and hear:

**This is the Heartless Memorial Hospital Call-In line. Please listen carefully to this message. With your touch-tone phone, press the appropriate response. If you are on a rotary phone, hang up, go out to a touch-tone pay phone, and call this number again.**

**Press 1** if you have a communicable disease, but still plan to come in. Report to the Employee Health Nurse for gloves and masks to wear while you work.

**Press 2** if you have a sprain, strain, fracture or back injury, but still plan to come in. Report to PT for a brace, cast or crutches to use while you work.

**Press 3** if you have nausea, vomiting or diarrhea, but still plan to come in. Report to Pharmacy for your dose of Tigan, Compazine or Imodium.

**Press 4** if you are comatose or dead, but still plan to come in. You will be assigned to answer phones.

**Press 5** if you have had a death in your family, but still plan to come in. The message will instruct you on where to rent a video camera, so your relatives can tape the funeral for you.

**Press 6** if you have a sick child, but still plan to come in. Send your child to school. That's what a school nurse is for.

**Press 7** if you do not plan to come in. State your name, address and hospital ID number. Your pink slip will be mailed to you.

If you wish to speak to a human, please remain on the line . . .





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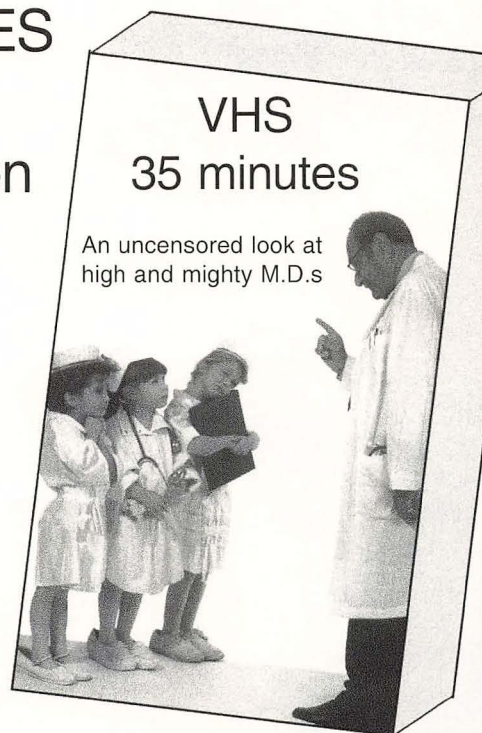
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# Nurse-y Rhymes

Elaine Tuten, RN



Little Nurse Muffet  
Sat on her tuffett,  
Charting events of the day.  
Soon came Dr. Spider,  
Who sat down to chide her  
'Cause things were not going his way!



Hickory, dickory, doc.  
The nurse works 'round the clock.  
Her shift is done, but home she runs  
To dust and cook and mop!

Jack be nimble, Jack be quick!  
Here comes the nurse with a Dextrostix!



Little Jack Horner lay in the corner  
Absorbing his M.V.I.  
He looked at his thumb and saw a "pulse ox,"  
And said "Where in the world am I?"



Hey, diddle, diddle,  
 There's no time to fiddle!  
 The nurse runs from room to room.  
 The doctors say, "STAT"  
 You do this and do that  
 And the next shift can't get here too soon!



Little Nurse Sue,  
 Come pass your pills.  
 The patients are ailing  
 With aches, pains and ills.  
 And, "Where is the nurse with my PRN?"  
 She's running a code in room 2110!

Doctor Spratt said, "Do this STAT!"  
 The nurse thought, "In your dreams!  
 I've meds to pass and rounds to make,  
 And admits not yet seen!"



Tinkle, Tinkle, Mrs. Starr,  
 What a wonder that you are  
 Able, now, to pee all right,  
 With your stitches sewn so tight!



# Call Lites!



## The JNJ Joke Collection

**Q:** What is CRS Syndrome?

**A:** Can't Remember Stuff

*Submitted by Terri Quillen, RN*

**Q:** What license plate indicates a urologist?

**A:** 2 P C ME

*Submitted by Kanda McConnell Walden, RN, PHN*

**"I** have a new hearing aid."

**"What** kind is it?"

**"One** o'clock."

*Submitted by Nathan Shostack*

**Q:** What do you call someone who graduated at the very bottom of his medical school class?

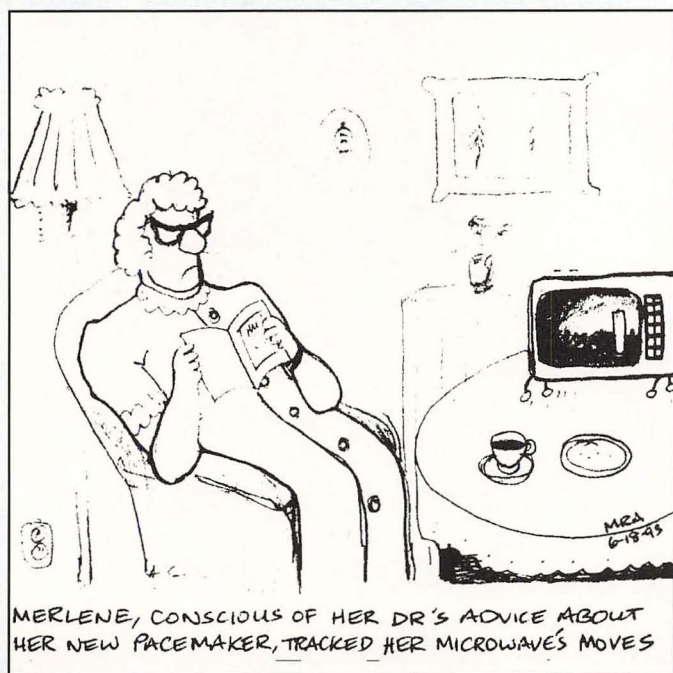
**A:** Doctor.

*Submitted by Fran London, MS, RN*

**Q:** What's the difference between a general practitioner and a specialist?

**A:** One treats what you have, the other thinks you have what he treats.

*Submitted by Dorothy Stauffer, RN*



MERLENE, CONSCIOUS OF HER DR'S ADVICE ABOUT HER NEW PACEMAKER, TRACKED HER MICROWAVE'S MOVES

A drunk stumbled into the ER and approached the admitting nurse.

"Do you have a lockup room here?"

"I think there's one on the psych floor," she replied.

"Have you done something to be locked up for?"

"Yeah. I hit my wife with a tire iron."

"Oh my God!" the nurse cried, "Did you kill her?"

"Nope, that's why I gotta be locked up."

*Submitted by March Warn*

Spouse: "My husband seems to have a case of amnesia."

Doctor: "Can I send you the bill?"

*Submitted by Rich Stumpf*

A recent bride accompanied her husband to the doctor's office. After the husband had a checkup, the doctor took the wife aside and said, "If you don't do the following, your husband will surely die:

"Each morning fix him a healthy, hearty breakfast including hand-squeezed orange juice and Belgian waffles. Send him off to work with a kiss on his cheek, a whisper of love and a good mood.

"At lunch time make him a warm, nutritious meal, give him a back and shoulder massage and put him in a good frame of mind.

"For dinner, fix an especially nice meal accompanied by candlelight and music, and don't burden him with household chores.

"Make love to him passionately several times a week. Be tender with him, do whatever he asks you to do as if you were on another honeymoon, and satisfy his every whim."

Afterwards on the way home, the husband asked his wife what the doctor had said.

She replied, "You're going to die."

*Submitted by Christian Hagaseth III, MD, PC*

**Q:** Why do hospitals in Hollywood require additional credentials for their nurses?

**A:** Every patient exam is an audition.

*Submitted by John Duncan, LPN*

A patient who steps on an invoice foots the bill.

*Submitted by Adrian C. Allen*



**Violet's Daffynitions:**

Brassiere: Booby trap

Labor Pains: (1) Pain that drives you to extraction (2) forcing the issue

Psychiatry: Guaranteed to cure or your mania back.

*Submitted by Violet Gillen, RN*

**Dentist:** How did you lose your teeth all at once?

**Man:** I left them on the washstand.

*Submitted by Max Baverman*

**A couple goes to see a world-famous family therapist for counseling. The little doctor turns to the wife and says, "Zo, vood you like to haff zooper zex?" to which the husband replies, "I'll have the soup."**

*Submitted by Terri Quillen, RN*

**Kathy:** The doctor told me I had a dual diagnosis.

**Susan:** What did he say?

**Kathy:** He said I have Alzheimer's and Bulimia. The problem is I keep forgetting to throw up.

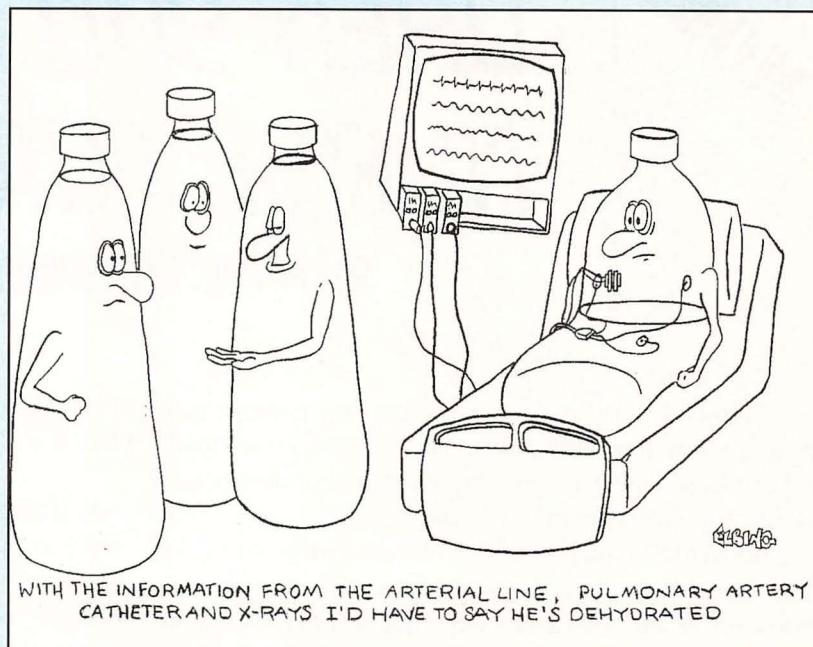
*Submitted by Susan Burns, RN and Kathy Bush, LPN*

**A man returned home from a medical convention and his wife met him at the door.**

"Why didn't you shave?" she asked.

"When the lecture started I was clean shaven."

*Submitted by Marcia Kadetz*



**Caller to Ask-A-Nurse:** "She's flopping on the bed, turning colors and gasping for air. What do I do?"

**Nurse:** "Place her back in the aquarium immediately!"

*Submitted by David Smith*

**Theater usher describing toothache:** "It's the first row, right."

*Submitted by Donna Aleshire*

**The handsome bachelor doctor had seen his last patient and was ready to close the office. "Nurse, do you have a free evening tonight?"**

"Why would you like to know, doctor?" the nurse replied with a twinkle in her eye.

"I want you to have a good night's sleep so you can open the office tomorrow two hours early."

*Submitted by L. S. Howard, RN*

**A third of what we eat keeps us alive. The other two thirds keeps doctors alive.**

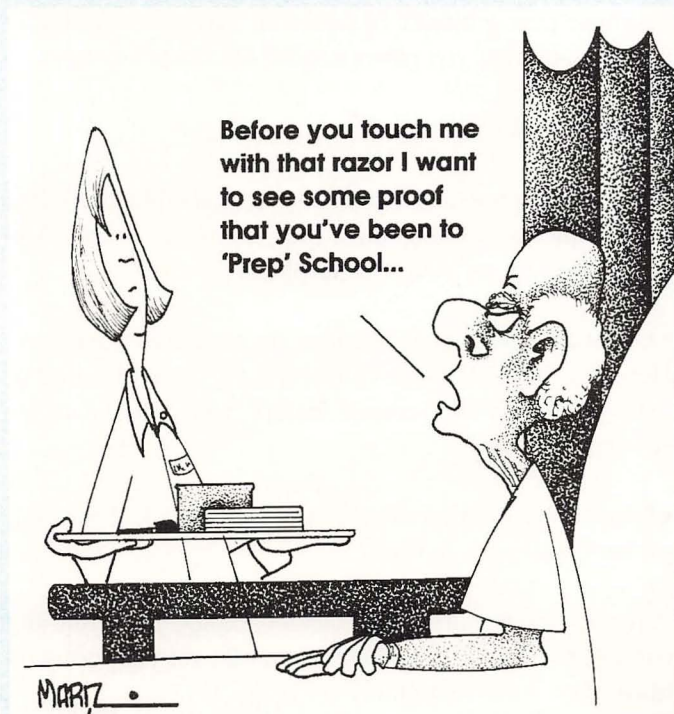
*Submitted by Dorothy Stauffer, RN*

**Doctor to pregnant patient:** "How do you feel?"

**Patient:** "As good as can be expecting."

*Submitted by Max Baverman*

*Heard a funny nursing or medical joke lately? Send it to us! If we use it in Call Lites, you will receive 2 copies of the JNJ and a Limited Edition JNJ T-Shirt. Send your jokes to: John Baringer, JNJ Joke Editor, P.O. Box 2221, Tucson, Arizona 85702-2221.*







# WHEN YOU CALL A NURSE FOR ADVICE

BY KAREN SPENCER, RN, ADN



Managed care involves, well, keeping patients from getting medical services. Sorry, that's *unnecessary* medical services. One way to keep patients out of the doctor's office is to talk them out of going there.

It wouldn't look good for doctors to do this, so the job has been delegated to nurses. Managed care has brought triage out of the emergency department into the community, using telephone lines. To minimize liability and ensure consistency, nurses who answer these advice lines generally have scripts. Unfortunately, the callers don't. That means they have all sorts of questions. Here are some beliefs and practices potential patients bring to the triage line:

- The nurse shall know the answer to everything until the precise moment she gives her advice, whereupon you, the caller, shall suddenly become your own expert.
- If your symptoms include severe cough with bloody sputum, and your chest is killing you, fear not. There is no way you can have a heart attack at your age.
- Heart attacks are the only reason for chest pain.
- If you wait on hold for twenty minutes before your call is taken, this has nothing to do with staffing problems or the number of calls coming in, and everything to do with the nurses' collective effort to piss you off.
- You will not be forced to wait on hold if you are an important hospital administrator and the Vice President supervising health plans.
- Look up the answer to your question in a medical book. Then call the nurse and pretend you know nothing about the topic. At the end of the call say, "My book says the same thing. Can't you tell me anything else?"
- If you are male and have a six inch long, gaping gash on your leg, you can safely home-treat.
- If you are female and have a quarter-inch abrasion on your leg, it will require stitches.
- Yell at the advice nurse whenever you are angry at those jerks in the ER.
- If you are a man with groin problems, make you wife talk to the nurse. This way, the nurse won't recognize your voice.
- If the advice nurse cannot solve your problem, Planned Parenthood probably can.
- In the event your doctor is unavailable, a pharmacist is the next best person to diagnose and treat your problem.
- If you are a body-builder, refer to each sore or injured muscle by its specific name (i.e., *rectus abdominis*).
- If you are a med student, flaunt any medical or physiological terms you have learned. While you are on the line, diagnose your problem, recommend a treatment yourself, and exclaim that you never needed the nurse anyway.
- Misuse medical terms.
- Call from a crowded, noisy party, so that other guests can bellow questions to the nurse from across the room. And be sure to turn on your speakerphone.
- Dislocated digits or extremities are no cause for concern. However, if you become concerned, try to put the digit or extremity back on yourself before you call the triage service.
- Intractable vomiting of blood is never a big deal, and will probably go away in time.
- Argue with the nurse about any advice she gives you, and curse her. After all, you had no control over your decision to call her in the first place.



# THE ULTIMATE DISCLAIMER

## BY FRAN LONDON, MS, RN

I have a great job. I work at my hospital's consumer health library. It's open to everyone, free; you don't have to be a patient at our hospital to use it. We survive on donations. Instead of librarians, we have nurses who can help members of the lay public search and understand the medical literature, put it into perspective and formulate appropriate questions for their health care providers.

Recently, one of our nurses went to a workshop on minimizing the legal risks in a library like ours. She came back with horror stories. A user could sue us if we don't have *every* book written on the topic, because we did not provide *complete* information. A user could sue us because our free computerized search of the literature did not pull up *every* article on the medical problem. Users could even sue us if they act on information obtained from our library, as they interpret it, and they don't like the medical outcome. Scary.

The workshop presenter said the best defense was documentation and a good disclaimer. I decided our current disclaimer did not reflect these unpleasant trends, and put us at horrible risk. So, I wrote a new one.

### Disclaimer

**We are a library, open to the public and free.**

Our resources are limited. We do not have an unlimited supply of staff, books, computers, photocopiers, money or volunteers. Therefore, we did not give you everything there is on this subject. Actually, at the rate new information is coming out, no one could give you everything on *any* subject. And if they could, you wouldn't have time to read it.

This is just a select sample of stuff that may answer your question or give you enough information so you can come up with more questions. This is good. Now you can go to your doctor, your clinical nurse specialist and your mother and ask them, too.

We are not your only source of information. Other sources of information include the public library, support groups, government agencies, special interest groups (like the American Lung Association), everyone with access to the Internet, your doctor, nurse, alternative therapies practitioner and your best friend.

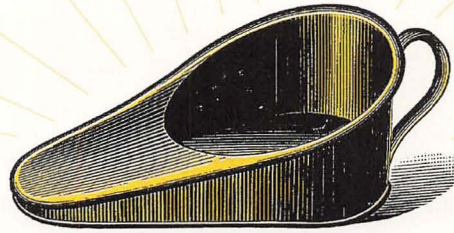
Your job is to gather information until you are satisfied or tired, whichever comes first, and make the best decision you can based on what you know. What you do is entirely your responsibility. Only you are accountable for your behavior. You are an adult with freedom of choice.

We are not responsible for your knowledge or your behavior. We are only here to help you out a bit, and we're not charging you for it.

**So don't even think about suing us.**



# Golden Bedpan Award



The Golden Bedpan Award is presented by the Journal of Nursing Jocularity (JNJ) to the individual, institution or organization that best represents a health care system that is failing the public it should serve. Once thought of as an institute that exemplified caring and compassion, our current health system seems to be moving toward a profit-centered business that only sees its customers as dollars signs and bottoms lines.

Almost daily we read in the newspapers of hospitals that refuse to admit individuals who lack health insurance, capitated payment systems that cause doctors to skimp on tests and treatments, and insurance companies playing the role of physician in the denial of procedures and medications. The JNJ Golden Bedpan award symbolizes a healthcare system going to pot.

For 1998, the JNJ Golden Bedpan Award is presented to Columbia/HCA Healthcare Corp. In the Wall Street Journal front page story from May 30, 1997, titled *Intensive Care: Ex-Manager Describes The Profit-Driven Life Inside Columbia/HCA*, staff reporter Lucette Lagnado reveals a for-profit corporation that places the dollar above the welfare of its patients. Marc Gardner, who was a manager at three Columbia Hospitals over three years, said "I committed felonies every day," in reference to Columbia's cost-cutting strategies.

In the Wall Street Journal article, Mr. Gardner tells of Columbia "score cards" used to rate each hospitals' productivity in relation to cost of supplies and number

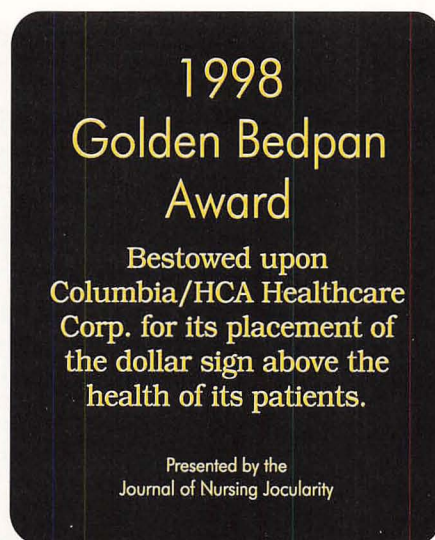
of surgeries performed, but never taking quality of care into account. He tells of the practice of limiting treatment of uninsured patients, discouraging expensive tests and unpaid drug prescriptions. In one instance, a Columbia hospital discharged a homeless man without running tests, and an hour later the man died of pneumonia on the hospital lawn.

The ex-manager also tells stories of vigorous downsizing of nursing staff in critical care areas. In the neonatal inten-

tals exist to make money or to treat the ill?" Mr. Gardner's reply, "Columbia hospitals exist to make money—period."

Disillusioned with health care and his own part in Columbia's tactics, Mr. Gardner resigned from Columbia in 1996 and is currently writing a tell-all book called "The Columbia Malignancy" about his experience with that organization.

The JNJ Golden Bedpan Award is an actual gold plated bedpan with a bronze plaque attached, appropriately, inside the . . . shall we say, working portion of the pan. The inscription says "1998 Golden Bedpan Award. Bestowed upon Columbia/HCA Healthcare Corp. for its placement of the dollar sign above the health of its patients. Presented by the Journal of Nursing Jocularity." The award is available for viewing in JNJ's Mesa, Arizona office.



sive care units of Columbia's Sunrise Medical Center in Las Vegas, nurses say they now have to care for two or three babies each instead of just one. Mr. Gardner claims that he and some other Sunrise managers figured such a cut wouldn't get much notice, because "babies don't complain too much."

In regards to the question, "Do hospi-

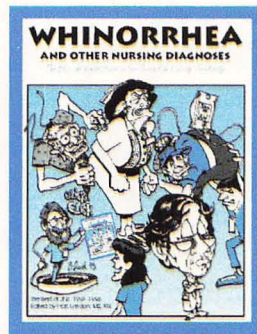
*To be eligible for this not-so-prestigious award, the therapeutic misadventures of the perspective recipient must be published in a local or national newspaper or magazine in the United States between January 1 and December 31 in the year previous to the award. Nominations for the 1999 Golden Bedpan Award are now being accepted and can be sent to: JNJ, P.O. Box 40416, Mesa, AZ 85274. Nominations for the 1999 Golden Bedpan Award must be received by January 2, 1999. Nominations should include the printed article, along with the name of the newspaper or magazine in which it appears, and the date of publication.*



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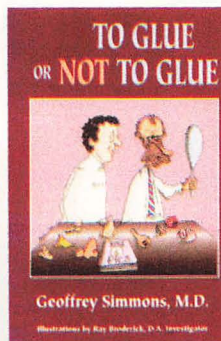
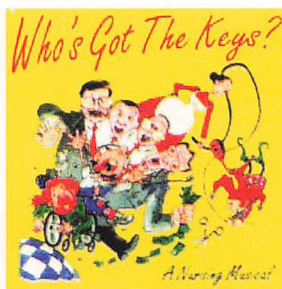
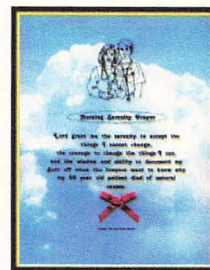
**The Nursing Serenity Prayer** This spoof of the famous "Serenity Prayer" comes beautifully printed on a serene, cloud-filled background with a pink satin bow accent and framed in black and gold. The 8" x 10" prayer makes a great addition to any nurse's station. **MS009NSP** Serenity Prayer **\$9.95**

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**To Glue or Not to Glue** by Geoffrey Simmons, MD. This sequel to *The Glue Factory* continues the zany satire. In *Too Glue or Not to Glue*, Dr. Rossum, robot doctor extraordinaire, solves the mystery of M.A.F., introduced in the first book. Warning: Do not read this book if laughter is harmful to your health! Paperback, 191 pp. **BK037GNG** To Glue **\$9.00**

**Chordiac Arrest, Live and Well** This audiotape features 14 songs that will have you rolling in the hospital corridors! The group has been captivating audiences ever since with songs like "Ben Casey, Please Come Home" and "In My Neat Little Hospital Gown." **TA013CAL** Chordiac Arrest **\$10.00**





**Lumbar Mug** Put a little backbone in your coffee with the Lumbar Mug. A fun way to drink your morning libations! Dishwasher and microwave-safe, this mug fits comfortably in your hand and holds 12 oz. **MG013LMC Lumbar Mug \$10.95**



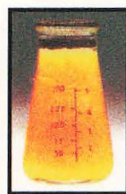
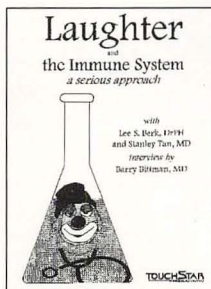
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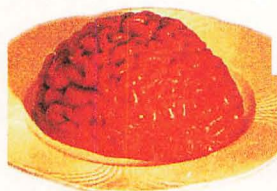
**Humor Magazine Collection** This compilation of humor resources is a great value for anyone doing research on humor or just interested in finding sources for funny stuff! It includes one copy of each of the following: *Annals of Improbable Research, Stitches, Inside Hysteria, Funny Times, The Comedy Magazine, Journal of Polymorphous Perversity* and a *Humor and Medicine Bibliography* compiled by the Editor of *International Journal of Humor Research*. This collection is valued at over \$26.00. **MS021HMC Humor Magazine Collection \$13.00**

**Laughter and the Immune System - a serious approach** with Lee S. Berk, DrPH and Stanley Tan, M.D. Interview by Barry Bittman, M.D. For the first time ever, enjoy an exclusive, in-depth interview with two of the world's leading medical researchers who have studied the psychoneuroimmunology of mirthful laughter. A must for anyone serious about understanding the basis for therapeutic humor in mind and body medicine. Audio Tape (45 minutes) Booklet, 28 pages. **TA018LIS Laughter and the Immune System \$18.95**



**Urine Specimen Bottle** This genuine glass specimen bottle is the perfect size for juice, wine, salad dressing, even that messy jumble of pens on your desk. Made of crystal-clear glass, the bottle is labeled with easy-to-read measurements inscribed in 1-oz. and 25-cc increments with a maximum capacity of 6 oz. (175 cc). 5" tall. **MS022USB Urine Specimen Bottle. \$3.95**

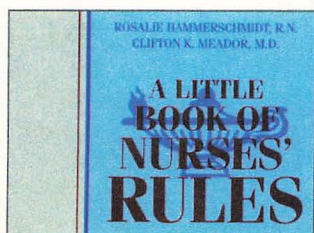
**Gelatin Brain Mold** Fill the plastic mold and a few hours later, out pops a life-size brain-shaped dessert! Experiment with different colors and flavors - which brain do you find the most delicious? Gross out your dinner guests or just have fun making and eating your "brain!" **MS010BMP Brain Mold \$11.95**



**Gelatin Heart Mold** Have a heart! A cherry gelatin heart, that is. This plastic mold will produce a realistic looking heart that you can eat. Start with the right ventricle, move to the coronary artery and then dig your spoon into the left ventricle for a delicious treat that won't block your arteries. **MS011HMP Heart Mold \$11.95**

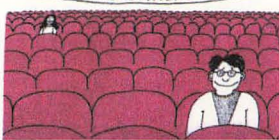
Get both Heart and Brain Gelatin Molds at a Special Price. **MS011BHM Gelatin Mold Set \$21.95**

**Little Book of Nurses' Rules** by Rosalie Hammerschmidt, RN and Clifton K. Meador, MD. This book of 347 rules about our practice styles, our patients, our colleagues and ourselves is humorous, entertaining, and thought-provoking. Would make a great stress reliever for any nursing station, lounge or restroom. A wonderful gift for any nurse. **BK026BNR Little Book \$9.95**



**ACLS T-shirt** This is Your Brain...This is Your Brain During ACLS. Whether you're facing your first ACLS mega-code or you just cringe when remembering, you'll enjoy this T that parodies the anti-drug message of the '90s. Printed in a bright kaleidoscope of colors on a white 50/50 T. Available in Large and X-Large. **TS014ACL, \$16.99**

**Adult Children of Normal Parents Annual Convention T-Shirt** by Jennifer Berman. Are there any of us out there! This Pre-Shrunk 99% Cotton t-shirt comes in white. Available in large and x-large. **TS005WHT Adult Children T-shirt \$16.00**



**Use it or Lose it! Humor and the Treatment of Mental Illness** by Mark Darby, RN will show you how to: easily integrate humor into various mental health settings; build a park at work; discover practical hints on using humor in treatment; assess a patient's ability to experience humor; teach the benefits of humor to coworkers. Paperback, 127 pp. **BK035UIL Use it or Lose it! \$14.95**



**I Always Faint When I See a Syringe**, by Florence Hardesty, RN, PhD. This delightful book is written honestly and straight from the heart by a retired nursing professor. Through the eyes of a teacher and the experiences of her students, Dr. Hardesty tells humorous and inspiring stories. Laugh with her and enjoy the joy and spirit of nursing. **BK020SYR I Always Faint \$14.95.**

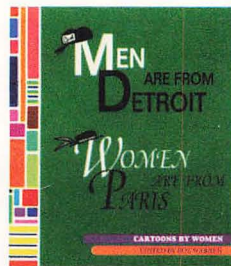
**Pharmacy Phun Stuph Calendar for 1998** A humorous calendar drawn by Jim Middleton, RPh, aka the Animating Apothecary. Filled with beautifully drawn cartoons about health care and pharmacy life. Each month includes funny and interesting events throughout history. **CA004PPS Pharmacy Calendar Regular \$8.00 - On Sale \$6.00**



**EKG Mug** features the most unusual looking rhythm strips that will be sure to make you chuckle. Includes "Sinus Arrest", "Ventricular Standstill" and "Urban Block". This ceramic mug comes boxed for easy gift giving. **MG001HBM Heartbeat Mug \$7.50**

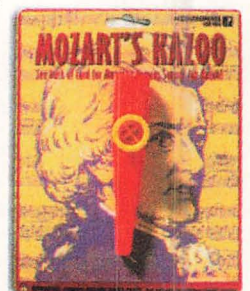
**Health & Humor through Harmony** by the "NurSING Notes", with songs

such as "While Strolling Down The Hospital Hall", "The Physician", "The Waiting Room" and "Patient Lament". Cassette tape. **TA003HHH Health & Humor Through Harmony \$10.00**

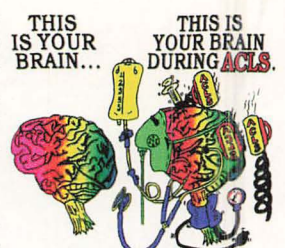


**Men Are From Detroit, Women Are From Paris - cartoons by women**, edited by Roz Warren. What do women really want from men? This book strips down the male psyche to its bare essence. Every type of guy you ever wanted to meet (or not meet) is lampooned in this hilarious little book. **BK033MFD Men are from Detroit \$6.95**

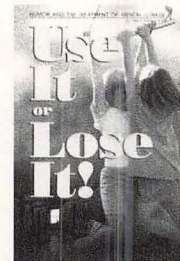
**Mozart's Kazoo** Sound like the master himself. This 3 1/4" long hard plastic kazoo is just like the one Mozart played! **MS043MK Mozart's Kazoo \$1.99**



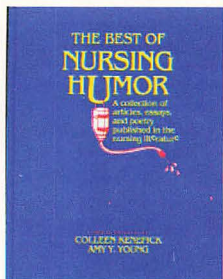
**Hopping Eyeball** This plastic eyeball is 2" tall, wears a pair of sneakers, and when you wind it up it hops up and down. On a blister card. **MS028HE Hopping Eyeball \$1.99 each**



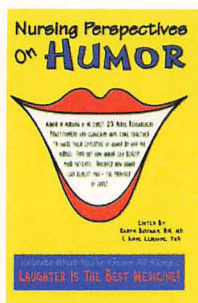
**ANY QUESTIONS?**



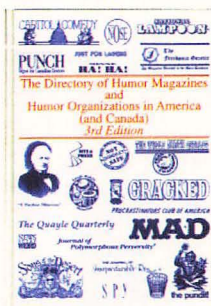




**The Best of Nursing Humor - A** collection of articles, essays, and poetry published in the nursing literature, compiled and edited by Colleen Kenefick and Amy Y. Young. This 167 page book contains scores of humorous writings about, by and for nurses punctuated by black and white illustrations. Hard cover. BK027BNH Best of Nursing \$27.00



**Nursing Perspectives On Humor.** Long awaited book, edited by Karyn Buxman, RN, MS & Anne LeMoine, PhD. Humor in nursing is no joke! 23 Nurse Researchers, practitioners and clinicians have come together to share their expertise of humor by and for nurses. Find out how humor can benefit your patients. Discover how Humor can benefit YOU! Soft cover. BK015NPH Nursing Perspective \$24.95

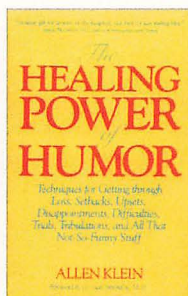


**The Directory of Humor Magazines and Humor Organizations in America, 3rd Edition** edited by Glenn Ellenbogen, PhD. This is the first and only book to help you find humorous magazines, newsletters, newspapers; periodicals about humor; and humor organizations. It provides extensive listings and sample articles for each publication, plus cross indexing of periodicals. A writers market for humor. List Price: \$34.95. Order \$100 worth of items and receive this book free! BK016DHM Humor Directory Only \$14.95

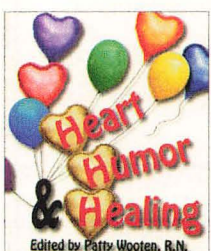
**Healing Power of Humor** by "jolly-tologist" Allen Klein. Techniques for getting through loss, setbacks, upsets, disappointments, difficulties, trials, tribulations, and all that not-so-funny stuff. Brimming with pointed, humorous anecdotes and learn-to-laugh techniques. "Provides practical advice as to the fundamental importance of humor and laughter." Steve Allen, comedian. BK006HPH Healing Power of Humor \$9.95



**ANY KEY and PANIC computer keys.** Personalize your computer keyboard with these fun, self-sticking keys. Free with orders of \$50 or more! MS001KEY Panic/Any Key \$3.00

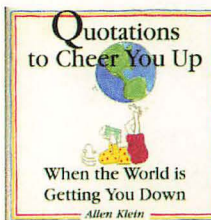


**Compassionate Laughter: Jest for Your Health** by Patty Wooten, RN. This delightful book explores the relationship between the emotions and the body, presenting evidence that laughter does indeed help keep us healthy and facilitates recovery from illness! It is peppered with hilarious anecdotes and conversations with Patty's clown characters, Nancy Nurse and Nurse Kindheart. BK018COM Compassionate Laughter \$12.95



**Heart, Humor & Healing** edited by Patty Wooten, RN. A delightful collection of inspiring, fun-filled and laughter-provoking quotes designed to promote healing in the patient as well as the caregiver. "The book is good for more than your heart...It will help heal your life and body." Dr. Bernie Siegel, Surgeon, author of Love, Medicine & Miracles. BK004HHH Heart, Humor & Healing \$9.95

**Laugh Jest for the Health of it** with Patty Wooten, RN. This exclusive program by one of the best know Nurse humorists in the world, Patty Wooten, brings to life laughter's incredible role in health care. Through an unforgettable zany dialog, Patty and her two clown characters, Nancy Nurse and Nurse Kindheart, are certain to brighten your days and lift your spirits. Jest what the doctor ordered. Video 36 minutes. TA017JEST Laugh Video \$24.95

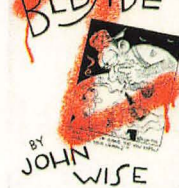


**Quotations to Cheer You Up When the World is Getting You Down** by Allen Klein will lift your spirits and tickle your fancy with classic quotations from the sublime to the ridiculous. This handy desk-reference offers over 750 witty quotations and is a great resource for writers, speakers and anyone who likes to have a perfect line on hand. Hard Cover. BK021QCU Quotations to Cheer \$9.95



**Affirmations for Getting Well Again** with O. Carl Simonton, M.D. Through nature's example of harmony and balance, you are about to embark upon a soul-illuminating journey for rediscovering wellness, happiness and inner peace. Your guideposts are a series of inspirational visual affirmations overlaid upon a wondrous canvas of natural scenery and complemented by a deeply moving soundtrack designed to resonate with your soul. 38 minute Video. TA015GWA Getting Well Again \$24.95

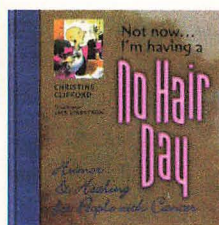
**Affirmations for Living Beyond Cancer** with Bernie S. Siegel, M.D. An inspirational journey of hope, love and inner peace for those who must come to terms with the unexpected challenges associated with a diagnosis of Cancer. A sensitive and creative blend of natural scenery, music and suggestions that gently guides you through a healing journey and the achievement of wellness. 30 minutes Video. TA016LBC Living Beyond Cancer \$24.95



**Tales From The Bedside 2: "Over The Counter"** by John Wise, RN. More than 100 pages of outrageous cartoon humor for healthcare professionals and consumers! BK001TFB Tales From Bedside 2 \$10.95

**John Wise Ceramic Mug.** This white 11 oz. mug has one of John's most popular cartoons on the side "If you think you're getting overtime for this you're crazy." Perfect for your favorite beverage. MG015JWM Crazy Mug \$7.00

**The Nursing Process T-Shirt.** Another John Wise Classic on a white 50/50 t-shirt. This one speaks for itself. Sizes L, XL or XXL. TS015WHI Nursing Process T \$15.00

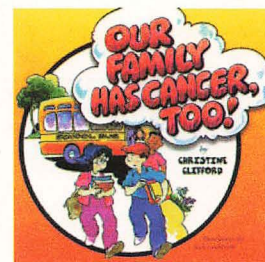


**Not Now...I'm Having a No Hair Day: Humor and Healing for People with Cancer** by Christine Clifford. This book is one-of-a-kind, the first to approach cancer with a lighthearted touch. Christine Clifford's own and story and the book's positive, life-affirming message encourage cancer patients and loved ones not to let the disease keep them down. BK031NNH Not Now \$9.95

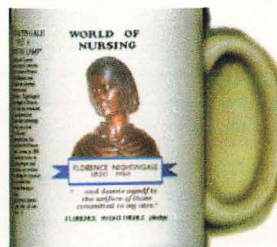
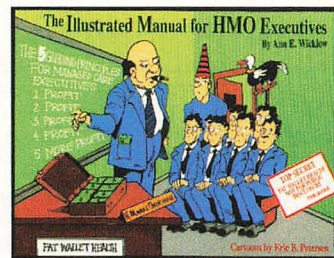
**Our Family Has Cancer, Too!** By Christine Clifford. When someone in your family gets cancer, find a way to go on living, laughing, playing and enjoying life to its fullest. BK036FCT Our Family \$6.95 each



**Chemotherapy Gives New Meaning to a Bad Hair Day** by Eileen Marin is a book that balances the emotional issues of a cancer diagnosis with humor. The author is a three time cancer survivor. The first section includes the author's story, food for thought messages and illustrations of the trials and tribulations of daily life. It takes the reader from diagnosis to after care in words and cartoons. BK028CGN Bad Hair Day \$11.50



**Illustrated Manual for HMO Executives** Fed up with managed care? This book is for you! Anonymously written by a physician who was recently placed in the FBI's witness protection program. Through cartoon parodies, it provides a scathing and hilarious look at corporate medicine today. BK021HMO HMO Exec \$12.95



**Florence Nightingale Mug** It's here, and especially for Nurses! Now Florence Nightingale's inspiring essence can be immortalized on every desk! Unique, exclusive photographs have been captured by digital technology on highest quality, white ceramic photo-mugs. Microwaveable and dishwasher-safe. MG014FN Nightingale Mug \$12.50





"Sometimes All You Need Is A Good Paddling To Get You Back In Line" T-Shirt from Trauma Gear. This Pre-Shrunk 99% Cotton T-shirt comes in Ash. Available in large and x-large. TS002ASH Paddling T-shirt \$16.00

"Going . . . Going . . . Gone" T-Shirt from Trauma Gear. Sinus rhythm to V-tach to

Asystole, this shirt covers it. This Pre-Shrunk 99% Cotton T-shirt comes in Ash. Available in large and x-large. TS004ASH Going T-shirt \$16.00

It's Not Nice to Fib/ Don't Be Tachy T-Shirts Two more T's from Trauma Gear. Both are 99% pre-shrunk cotton in ash and feature the Trauma Gear logo on the front. The designs and their message are printed on the back in black and red. Available in large and x-large. TS012ASH Fib T-Shirt \$16.00 - TS013ASH Tachy T-Shirt \$16.00

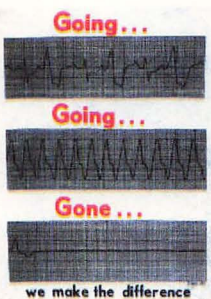


Top Ten Reasons For Becoming a Nurse T-shirt. This 100% pre-shrunk cotton t-shirt is from the comic wit of cartoonist and anesthesiologist, Dr. Brian Moench. Front of shirt is design shown here. Back of shirt is the list, starting with "You enjoy working with really sick people . . . like doctors." Available in white. Sizes L or XL: TS008TEN Top Ten Reasons \$17.50, Size XXL: TS009TEN Top Ten Reasons \$19.95

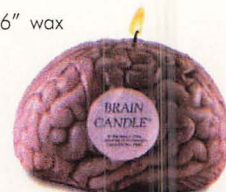


Multicolor Jester Hat. Felt with jingle bells. Colorful addition to your humor basket. 5 1/2". One size fits most. MS032MJH Jester Hat \$7.95

Finger Hooks You'll want to hang everything on these. We can't resist saying it: they're handy. 3 1/2" long. Four fingers packaged per box. MS042FH Finger Hooks \$2.99

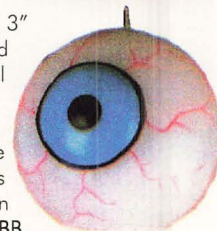


Brain Candle Better than a light bulb over your head. 6" wax candle. MS038BC Brain Candle \$5.00

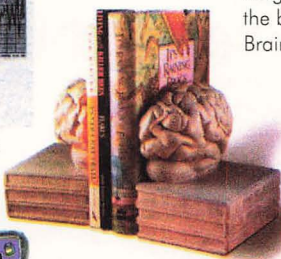


Heart Candle Turn on your heart light. 4 3/4" solid wax, startlingly lifelike. MS039HC Heart Candle \$5.99

Eyeball Candle Are your eyes burning? They should be! 5.5 oz, 3" wide eyeball features red veins and a raised iris. MS040EC Eyeball Candle \$3.99



Brain Bookends It's been said that reading broadens the mind, but never quite like this. Two 5" x 5 3/4" bookends weigh 8.3 lbs. and are protected on the bottom with rubber feet. MS041BB Brain Bookends \$25.00 each pair



Rubber Chicken Hand Puppet Weird mutant chicken eats small dogs. Hands down, this is the strangest puppet made. 15" long from head to toe. This is the stuff nightmares are made of. A fun toy for patient education. MS045RC Chicken Puppet \$6.99



Parking Space Goddess Divine parking assistance. Adhere this 2 1/2" Windup Parking Space Goddess to your dashboard and your parking problems may be over. Wind her up and she flaps her wings. MS047PSG Parking Goddess \$2.99



Plastic Flies A great prank to play on surgeons. Sneak a few of these under that dressing he is about to check. 3/4" long. Lots of uses! Use your imagination. MS035PF Plastic Flies \$.99 per dozen



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Method of Payment. Check or money order made payable to JOCLARITY CATALOG. We also accept Visa or Mastercard. Sorry, no C.O.D.'s. All orders must be prepaid.	For Shipping and Handling Please Add Orders up to \$15.99 ..... \$3.50 \$16.00 to \$29.99 ..... \$4.50 \$30.00 to \$49.99 ..... \$6.00 \$50.00 to \$74.99 ..... \$7.50 \$75.00 to \$99.99 ..... \$9.00 \$100.00 to \$149.99 ..... \$10.50 Over \$150 ..... \$12.00 Alaska and Hawaii please add \$3.00.	RETURN POLICY If you are not satisfied with an item, we'll be happy to exchange it or refund the purchase price. Please ship to us via US Mail with the package invoice and the reason for return (so we'll know how to serve you better).	SUB TOTAL: AZ Residents ADD 6.75% SALES TAX: SHIPPING/HANDLING: ADDITIONAL S&H, AK, & HI: EXPRESS SHIPPING: GRAND TOTAL (US FUNDS ONLY) :
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# IF YOU TAKE HUMOR SERIOUSLY ...

## NOW IS THE PERFECT TIME TO SMILE

**The results are in!** Humor's universal role in maintaining, preserving and reestablishing our health and well-being is finally getting the attention it deserves.

Yet, while humor's potential cannot be underestimated, the world's leading experts uniformly agree that **what truly "works" for one person may not help another.** What produces belly laughs for one person can some-

Developed by a team of leading researchers, physicians, nurses, psychologists, and humor experts, SMILE can be used by anyone who wishes to take an active and positive role in their own well being.

It can also help motivate those you care for and love.

Sounds complicated...you're probably saying. Not so! SMILE isn't another standardized test. In

SMILE features an extensive database of humor books, audiotapes, and videos that precisely meets your needs and it shows you how to obtain those resources.

And speaking of videos, just select your favorite comedians and SMILE automatically generates a matching list of rental videos available everywhere through **BLOCKBUSTER!**

Basically, that's what SMILE is all about; a simple 10 minute questionnaire that translates your personal responses into a series of suggestions and recommendations for developing a humor approach that begins on the right foot. And speaking of beginning, why not get started? The first step is to SMILE!

### The world's first computerized, personalized humor prescription!

The best way to begin a humor program for  
HOSPITALS, CLINICS, REHAB CENTERS,  
SUPPORT GROUPS, EDUCATIONAL  
AND BUSINESS SETTINGS

times be perceived as annoying, embarrassing, or insulting for another. What makes it difficult, is the fact that we're all unique.

In order for humor to do its magic, a personal prescription is required; one that's carefully and uniquely matched to the individual. And that's where SMILE comes in!

SMILE stands for:

**SUBJECTIVE  
MULTIDIMENSIONAL  
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EVALUATION**

It is the world's first computerized humor prescription!

fact, it's not a test at all. SMILE doesn't suggest a diagnosis and you never receive a pass/fail grade. **You win by simply participating.**

SMILE is best described as an opportunity...a new chance to better understand what makes you tick and what turns you on when it comes to humor. SMILE enables you to focus on your situation and your needs as a person. **It automatically generates a comprehensive report,** which summarizes valuable information for the development of your personalized humor prescription.

SMILE surveys key information about the your present stressors, emotional state, coping style, use of humor and humor preferences.

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# **The Nurse's Dream Interview**

**by Lorise O. Sutton, RN, BSN**

Just call me the Barbara Walters of Nursing. I got the quintessential interview. I asked that doctor those hard-hitting questions that have been on the tips of many nurses' tongues for years, and recorded his responses for posterity.

Of course, *Dr. I. Knowitall* is not his real name, but we all know who he is. I didn't use his real name in this interview, because doctors can afford much better attorneys than nurses can.

Nurse: Hello Dr. Knowitall. Thank you for agreeing to this interview after ignoring my sixother requests.

Dr.: I came for the free TV. Where is it?

Nurse: Uh, we'll get to that later. I would like to know your opinion on the new policy changes.

Dr.: I, of course, was a key player in the recent restructuring. My expertise was needed at many intersections, and my . . .

Nurse: Now let's get to the real questions. Are you aware that your handwriting is illegible?

Dr.: I know exactly what I mean to say. If the rest of the hospital staff were up on the latest diagnoses and treatments, they, too, would know what I have said.

Nurse: I see. So what happened last week when you ordered a barium swallow two days in a row on the same patient?

Dr.: I thought there might be some changes.

Nurse: You hadn't even read the first one yet.

Dr.: (rolls eyes) I read them both at the same time to compare them for discrepancies.

Nurse: Whatever. Many members of the hospital staff have been wondering why, when you get suggestions from nurses and professionals in other disciplines, you never take them?

Dr.: My patients have entrusted their health and well-being to me—not to other, less educated, less capable, lower members of the health care food chain.

Nurse: Some of the doctors have also wondered why you request their consultation, but then refuse to take their advisements?

Dr.: I am sure, as you have experienced with nurses, some just aren't as capable as others. This hospital does not have the brightest bunch of doctors.

Nurse: We hired you.

Dr.: I could have your job for speaking to me that way.

Nurse: I just won the lottery this morning. I can say whatever I want to. Why do you think I volunteered to conduct this interview? Back to the questions.

Dr.: There will be no more questions. (Gets up and turns to walk away.)

Nurse: Listen buddy. If you want your TV, there will be.

Dr.: (Turns back around, looks at his watch, and then impatiently taps his foot.)

Nurse: We have had a number of families complain that you will not prescribe pain medicine when the patient requests. Why is that?

Dr.: Far too many people come into the hospital just for rest and some strong medications. I will not contribute to their bad habits.

Nurse: Why then does Dr. Duckvoice prescribe 100 Darvocet N-100 for you every month?

Dr.: That is none of your business. I would like my TV now.

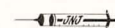
Nurse: There is a small black and white in the nurse's lounge down the hall. Feel free to sit in there, on the floor, and watch it as long as you would like.

Dr.: You promised me a TV.

Nurse: Did you get it in writing?

Dr.: (Face turns red)

Nurse: What goes around, comes around.





# CQI Deficits

and other funny stuff from the want ads and nursing literature

## Truth In Advertising

# RN's

Positions immediately available  
for Registered Nurses to work  
full-time or part-time.  
Excellent pay, including generous  
shit and week-end differentials.

Please contact:  
Personnel Office  
**Cabarrus Memorial Hospital**  
920 Church Street, North  
Concord, NC 28025  
*50 Years of Caring*

Kathy Whitley sent us this ad from the Charlotte Observer. Finally an ad that describes the work place accurately! Actually some of the hospitals we've worked at have been offering this benefit for years.

## Do They Make That In A Patch?



These little pills were sold in the 1904 Sears, Roebuck & Co. catalog. The ad says "... tobacco is a slow poison which gradually saps the vitality and

leaves (the patient) a physical wreck at half their allotted time." Those folks at Sears were way ahead of their time. Wonder if it worked!

## Coming To Your Neighborhood . . .



Ellen Rainer, MS, RN of Carmel, Indiana saw this store while on vacation in Ontario, Canada and couldn't resist snapping a picture. It seems that we have the same type of thing here in the United States. We just put "Hospital" on the sign.

## My Job Description Says What?

# L.P.N's

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Carol Weatherbee, RN, of Beverly Hills, FL, found this ad in the Citrus County Chronicle. Says Carol, "Employers do expect us to put our heart and soul into patient care . . . but this is a bit much!"

CQI Deficits is a semi-regular feature in the Journal of Nursing Jocularity. If you find anything in the want ads, nursing journals or nursing literature that tickles your funny bone, send it to us at: CQI, 6145 N. Drake, Chicago, IL, 60659. If we use your submission, you'll get a \$25 gift certificate for the Jocularity Catalog.

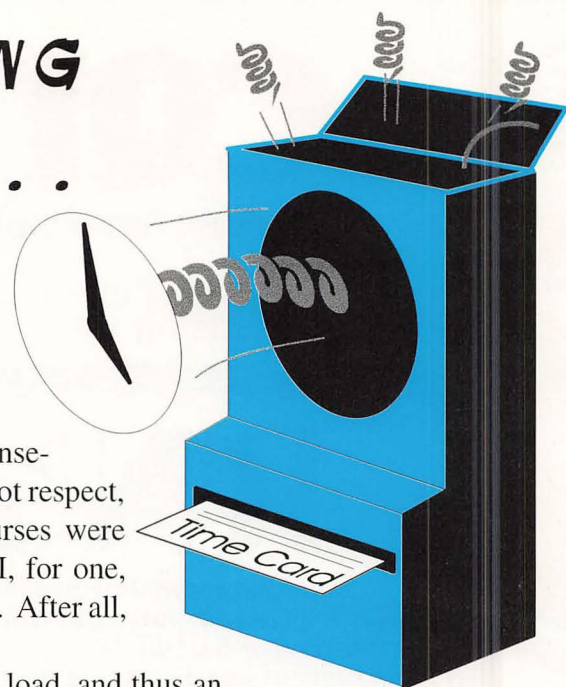


# YOU KNOW YOU'RE WORKING TOO MUCH OVERTIME IF . . .

BY JACQUIE C. BALDWIN

I'm sure you've noticed patients are going home sicker and quicker. Hence, more patients need home health care than ever before. Consequently, there is new respect for home health care providers. Well, if not respect, then at least a decrease in malevolence. Once, all home health nurses were imagined to be stupid, lazy and out to marry a rich, dying patient. I, for one, vehemently deny that. I have never wanted to marry one of my patients. After all, I work in pediatrics.

More patients means an increase in the home health nurse's work load, and thus an increase in overtime. While overtime can be a good thing (ask my bill collectors), there can be too much of a good thing. Yes, it is possible to work too much overtime. Have you been pushing yourself a little too far?



## **You know you're working too much overtime if . . .**

- Your own child sees you coming up the walk and says, "Look, there's a visiting nurse. I wonder who's sick?"
- You refer to your patient's home as "home."
- Your dog forgets who you are and bites you.
- Your husband sees you in the grocery store and can't quite place you. He asks you your sign and if you like piña coladas.
- Your family posted your picture on a milk carton.
- The bank won't accept your signature anymore because they're so used to your husband's forgery.
- The agency who gives you mega-overtime won't give you your paycheck because they've never seen you and are used to mailing them to your home.
- You are so behind on current events that you wonder if Reagan is running for re-election.
- The IRS sends you thank you notes.
- Your stack of "I'll get around to reading them soon" magazines falls over and kills your dog. (That'll teach the little %!#% not to bite you.)
- Your patient refers to his home as your home, too.
- You can't figure out why your key isn't opening your apartment door. Then you realize you're trying to open your neighbor's door.

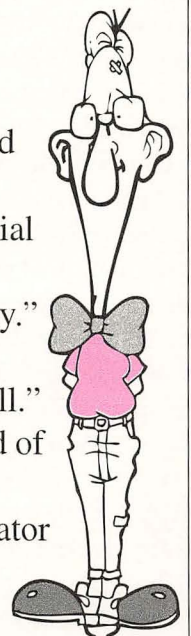


- The kid at McDonalds sees you and asks, "The usual?"
- You carry more tote bags into work (containing items such as fans, reading material, lunch, change of clothes and shoes) than you had luggage on your honeymoon.
- Your honeymoon was your last vacation and you are about to celebrate your silver wedding anniversary.
- You begin to sign *everything*, even letters to your mother, with full signature and title.
- The pharmacy clerk automatically adds No-Doz, Correctol and Stress Tab vitamins to your order.
- You've grown so used to nodding off while leaning on walls. You're amazed to rediscover pillows are soft.
- You start to wonder if it would be more expedient to just eat the ground coffee instead of wasting time brewing it.
- You hit the snooze alarm so many times that you have to groom yourself in the car on your way to work.
- When you finally make it to the post office to pick up the package your sister mailed you for your new baby, the baby has left for college.
- Your wrinkles from lack of sleep are so deep, your Mary Kay supplier begs you to say she's never been to your home.
- Your agency says they'll call you at your home when they mean your patient's home.

## Top 10 Reasons Why You Won't Be Hired

by the class of December 1995 management class—Baptist Memorial Healthcare System School of Professional Nursing (Susie Gerfers, Sheila McCreight, Joyce Untal)

10. You list Jack Kevorkian, MD as a reference.
9. You breast feed your baby during the interview.
8. While observing a trauma case in the ER, you ask repeatedly, "What is that red stuff?"
7. On your résumé you state your personal goal is to make "jaundice" an official Crayola color.
6. When asked, "What are your future goals?" your response is, "To win the lottery."
5. You list San Antonio State Hospital as your permanent address.
4. You proudly show the nurse manager your tattoo that reads, "Licensed to kill."
3. During the interview your nose runs and you wipe it with your tongue instead of a tissue.
2. While volunteering for the suicide hotline you replace the traditional elevator music with the song "Jump" by Van Halen.
1. You tell the nurse manager you don't believe in wasting narcotics.







### I Was Trying for an A

When I attended nursing school I was one of seven men in a class of thirty-two. I was 43 years old and the father of a ten year old son. My intentions of maintaining a low profile were ruined early in the first semester, during patient transfer lab. Since no one else would, I volunteered to join the instructor in demonstrating the skill. After we each passed an arm around the back and put a hand under the mannequin's knee, we counted to three and lifted our "patient" toward the foot of the bed. To my horror the leg on my side went out of control, swinging wildly toward the instructor. I tried to no avail to stop the wayward leg, but the instructor (with reflexes that could only have been honed by years of experience) neatly ducked her head as the diabolical limb passed over.

As the class roared with laughter

# Student Nurse Cut-Ups!

she scowled and said, "Now, Marc, if you're trying to score a few brownie points, you're not doing too well."

*Marc Daigle, RN*

### Isn't He Handsome?

I was assisting a student admitting a frail elderly woman with urinary retention. She seemed to enjoy the attention of the male student, who looked like actor Dean Cain (Superman).

At the end of the assessment, I told the woman the physician had ordered a Foley to drain her bladder and I asked if the student could insert it. She looked at me and looked at the student, giving him a head-to-toe sweep with her eyes.

"Are you the student who's gonna do this?" she asked.

"Yes, ma'am," he replied.

She then turned to me and whispered, "If they all looked this good, there would be a lot more of us getting sick!"

*Ellen Carson, PhD, RNCS*

### He Stole a Saphenous

In the last month of training, my friend Anne was assigned to care for a male patient. At the end of the day our class had a post-conference to discuss our clinical experiences.

Anne was excited about the new vascular monitoring device worn by her patient. Oddly enough, the instructor did not seem familiar with the device, worn on the ankle and designed to monitor circulation.

Needless to say, the next morning the entire group met at the patient's bedside so that we could all learn about this new technology. As Anne lifted his pajama leg to demonstrate the device, the patient's wife said, "Hold it, honey. He was pulling your leg. He's under house arrest by the sheriff's department!"

*Sandy Nichols, RN, EMT-P*

### Pretend It's Lemonade

The instructor finished demonstrating Foley catheter placement and asked for questions.

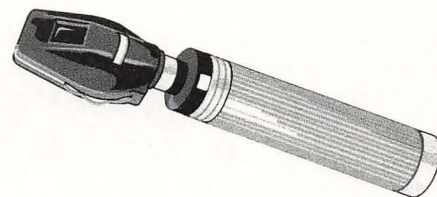
"I don't get it, what causes the flow to start?" asked Sally, "I hope it's not like siphoning gas."

*Chuck Musgrave RN/EMTP*

*Student Nurse Cut-Ups is a regular feature in the Journal of Nursing Jocularity. Send your funniest true student nurse stories (50 to 150 words) to us at JNJ Student Nurse Cut-Ups! Judith Vallery, EdD, RN, 15106 Morning Tree, San Antonio, TX 78232. If we use your story you will get 2 copies of the JNJ with your story, and an exclusive JNJ T-shirt.*



# Scope of Practice



by Claire Ligeikis-Clayton, RN

Nurses are superhuman beings, right? No matter what specialty we're in, we're supposed to know it all. Our friends and relatives ask us to diagnose their ailments. And we are expected to always be there—and usually we try to be. But then comes a time when we can't be there, and so my story begins.

One Saturday evening, I was settling in for a cozy night with my children when the phone rang. The caller was my friend, Scott. "Hi, what are you doing?" he calmly asked.

"Oh, not too much," I replied.

"Good," he said. "Could you please come over here right away and take out a piece of glass I got in my eye—and hurry."

Now, I have to tell you, I don't do eyes well. We all have weaknesses in certain areas. Some of us can't take vomiting, some of us gag while passing NG tubes. Why can't the public appreciate this? Some people don't do windows – I don't do eyes.

I know my limitation in this area. I fainted while assisting a physician in the care of a patient's eye. On another occasion, I felt weak-kneed while helping my father care for his glaucoma. Still, I decided to be a hero and packed up my kids and my surgical instrument set and rushed over to Scott's house.

When I arrived, I looked at Scott sitting on the stairs, head in hands, both eyes closed to keep the injured eye from moving, and recognized familiar feelings starting to come over me: nausea, weakness, ringing ears and dizziness. I suggested we go to the emergency room for treatment.

In my haste to get him there, I led

him into a wall and a tree before I got him to car. Despite my growing vertigo, I drove the quarter mile to the hospital. I circled to the emergency room entrance, climbed out of the car, raced around to open Scott's door, took his hand . . . and that is all I remember.

As Scott took his next step, he tripped over something and landed flat on his face on top of a mound. Upon investigation, he discovered that mound to be me. "Great," he must have thought, "I call a nurse to help me and this is what I get?"

While he lay there helplessly, the automatic doors of the emergency room swung open, staff began working over the fainted nurse, paying no attention to the blind man sitting in the road. As suddenly as the hustle and bustle began, it ended. The fainted nurse was removed and Scott was left in the parking lot. A voice called out to him, "What are you doing here?"

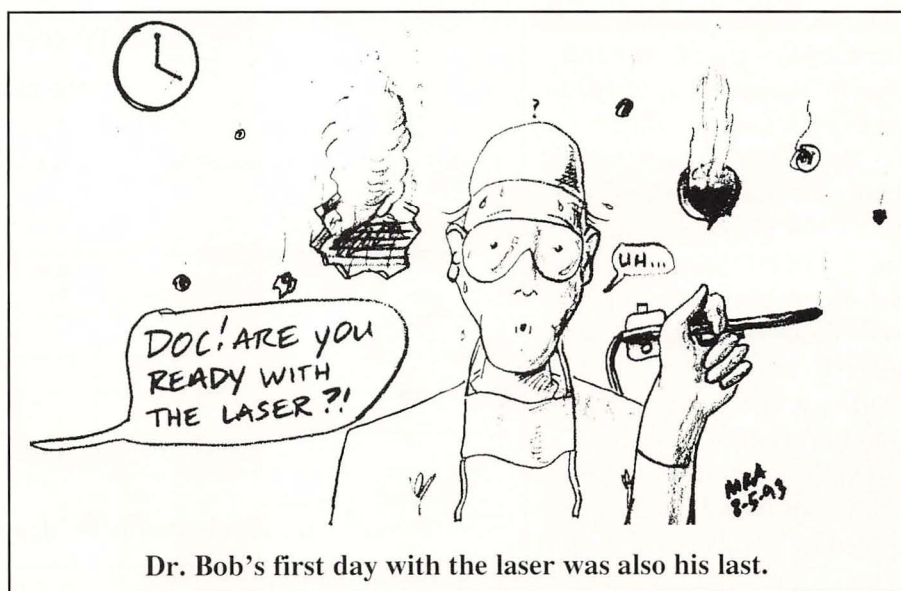
Scott's composure left him and he blurted out, "I am the patient. I have

glass in my eye. That woman you took into the emergency room merely passed out. I am the one who needs to be in there, not her!"

With bright lights overhead, I came to. After an hour of assessments by a physician and nurse, I was released with a diagnosis of vasovagal response. I spotted Scott in the waiting room. The glass had worked its way to the corner of his eye and his vision had returned, but he had not yet been examined. I felt dizzy when he asked me to look into his eye to see if I could find the glass. This time, I decided to take care of myself. I told him I was going home and that I would pick him up after he had seen the physician.

Walking out of the emergency room into the brisk night, I welcomed the clean crisp air. A smile crept onto my face. I realized I could not be all things to all people and finally accepted it.

Now I can say, "I don't do eyes," and feel no guilt.



Dr. Bob's first day with the laser was also his last.





# I Really Won! Are You Sure?



by Shirley Morrison, RN, Ed.D

"I really won! Are you sure?"

This was my response when Doug Fletcher called to notify me I had won the JNJ Humor Project Award. He assured me it was true. I remember asking him several times if he was sure. Doug was very patient with me and explained how the award would be presented.

The celebration began as soon as we completed the call. Up and down the hall I went—I had to share the excitement! Fortunately, there were several of my colleagues I could tell. Our faculty assistant, Nancy Cone, asked me if my project was the only one submitted and then she chortled. Humor, at times, is rampant in this school of nursing.

As an educator for eighteen years, student anxiety has been a strong concern of mine. Many students enter nursing school with such a serious demeanor and exhibit a soaring level of anxiety about all the knowledge they must master, especially at test-taking time. A personal long-term goal of mine has been to establish a Humor Retreat Area where the students could laugh and relax. With the notification of money from the Humor Award in hand, I approached the Dean. She enthusiastically supported my endeavor. Together, she and I went to the third floor to select the room we would use.

The third floor was chosen because it is convenient for students. It is the location of the Learning Resource Center and a student lounge with a refrigerator and microwave.

Room 319 was selected. A minimum amount of rearranging of the physical setup was accomplished. Next came the task of scavenging the furniture we needed—a chair from here, a chair from there—until we had a sufficient number. Three tables hold fun supplies while the TV and VCR and a shelf for videos. The videos include, but are not limited to: *The Perils of Nancy*

*Nurse* (hilariously funny), the *Three Stooges*, *Carol Burnett*, *Red Skelton*, *Ray Stevens*, and *The Honeymooners*. Others will be added. A mirth aid kit is in place. We also have a slinky, a *JNJ* subscription, clown noses, Groucho Marx glasses, humor cartoons, puzzles, humor books, funny hats and a back scratcher. Other items will be added over time. A bulletin board is in place on the wall. Students are encouraged to supply cartoons, jokes or any items they deem funny to share.

This Humor Retreat room is available to all students. We have a generic ASN, generic BSN, and RN to BSN programs, and an MSN program with Family Nurse Practitioner Track. My educator hat frequently tends to pop out, so I also have developed a research study to determine if using this room will decrease student anxiety and improve their test grades. Students are asked to sign in and identify which program they are in, and which video they watched or which activity they used. I am hoping the faculty will use the Humor Retreat so they will be aware of the benefits of humor in the classroom. I have been including excerpts from *JNJ* in my classroom for several years and the feedback from students is positive.

After the Humor Retreat has been implemented for a semester I'll provide a report of its activities and usage in an upcoming issue of *JNJ*.

## ABILENE INTERCOLLEGIATE SCHOOL OF NURSING

### HUMOR RETREAT

To determine the effectiveness of the Humor Retreat, please complete the following information.  
THANK YOU!!

Student	Program	Time In	Time Out	Activity Participated In (Be Specific)

Form used to evaluate the Student Nurse Humor Retreat

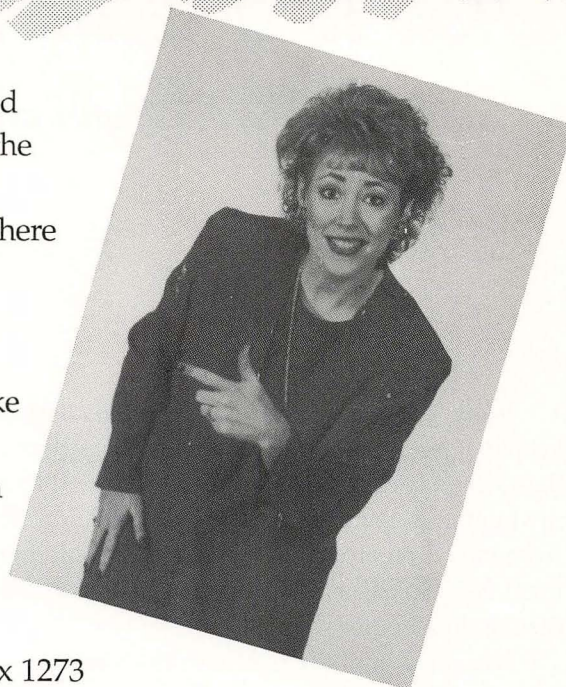


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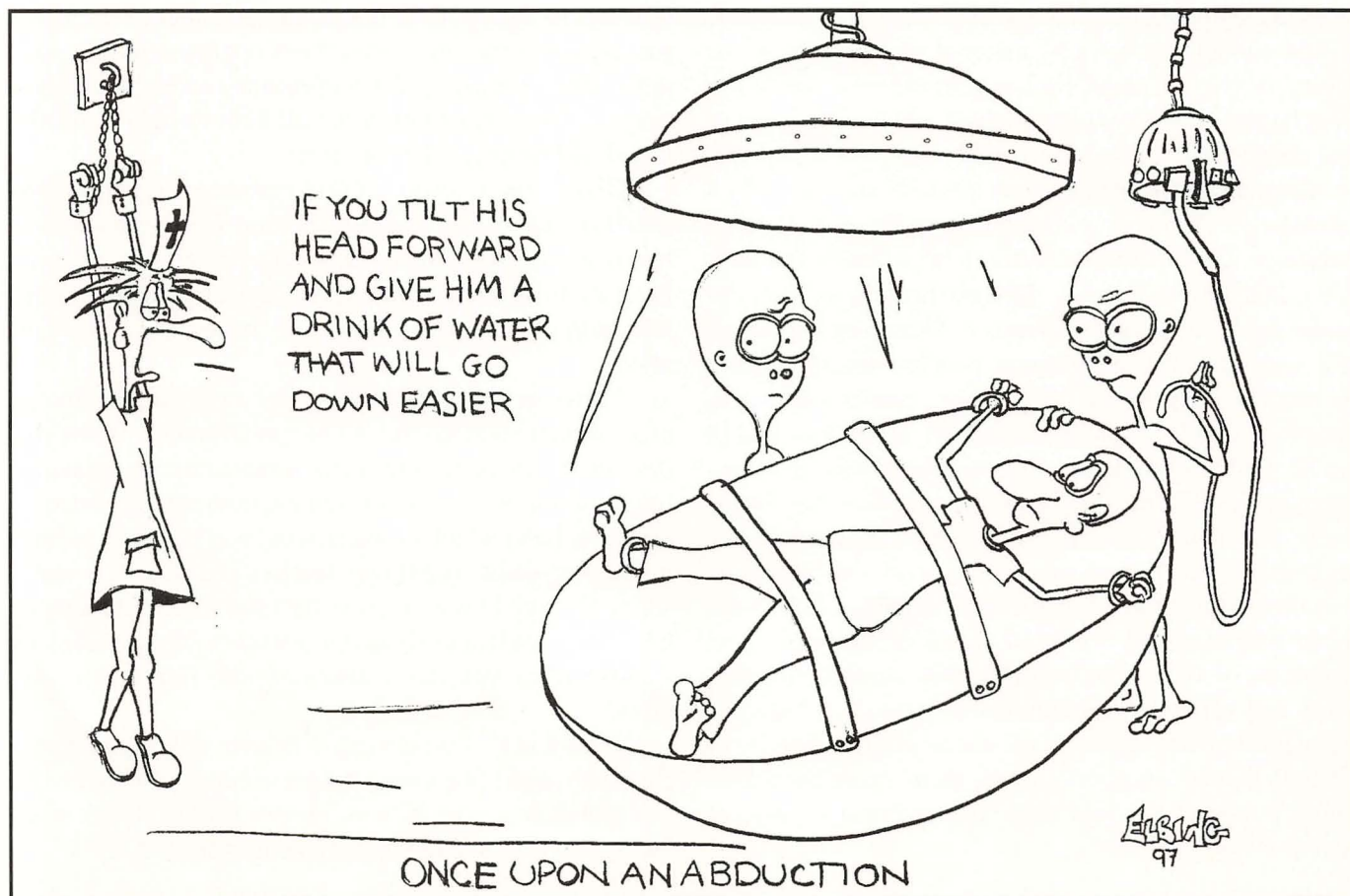
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# How to Present a Mini Humor Seminar

by Kerri Lynn Hilbert, RN, AA, AAS

Work got you down? No one understands why you keep that pair of silly glasses in your desk drawer? Some days, when you approach people, do they tell you, "I'm not in a humorous mood right now?" (Translation: Keep away from me. You are annoying me with your enjoyment of life!) Need to add a little oomph to your coworkers? Well then, hold a humor seminar!

No, you don't have to hire a professional speaker. Do it yourself! Present a humor inservice combined with stress management tips. Here are some ideas to get you started:

**Research.** Obtain some facts and figures to back up the material in your presentation. Gather research on the benefits of humor, different humor techniques and references to recommend to your audience. You should be able to find enough background material on the web, at the library, or you can check back in your old issues of *JNJ* or other humor magazines (see sidebar). Humor conferences also abound with great information.

**Content.** Talk about the benefits of humor and why it would be good for your participants to integrate humor into their lives. Give examples of how humor benefits patients in a clinical environment. Discuss healing vs. harmful humor and how to tell the difference. Show how humor can be a coping mechanism for some people—and that it isn't the best choice for everyone. Explore humor's appropriateness in a professional environment. Teach how humor can be used with patients: humor boards, baskets, carts, rooms and programs. Ask your audience how they incorporate humor into their lives, and offer them additional suggestions. Have them share funny stories or jokes, and give them a token gift for getting involved (I like to use cheap magic tricks). Educate them on the signs and symptoms of stress. Find out how they currently manage stress and offer them additional techniques. Take the group through a progressive muscle relaxation exercise or through guided imagery. Have them experience how humor is one of the best stress management techniques there is.

**Props.** Wear something silly. Start to promote the inservice a day or even a week before the inservice is scheduled. Funny glasses, funny noses, animal slippers, loud ties and shirts all work. Buy a helium tank at a discount store for less than twenty dollars and put some balloons around the conference room to make it look festive. Get some clay or dough packs and encourage people to play during the presentation. Crayons and paper work well too. Bring in your own humor library and share it during your speech, or let people look at it before and after. If you have time and access to a VCR, play a portion of a funny movie as an opener to add atmosphere. (I like *LA Story*.) Or, if you have access to a tape or CD player, play funny music or a comedian's skit. Magic tricks are also fun to incorporate, if you can pull them off. Have participants wear funny pins, noses or glasses during your talk. Have a drawing for a joke-a-day calendar. Play a simple game. Anything that will help to lighten up the mood will be great. Experiment!

Give the participants a list of resources they can use to continue exploring the value of humor. Bring subscription forms to various humor magazines or newsletters, give them a bibliography of books, magazines and videos, and tell them about upcoming humor conferences they can attend.

I also recommend having your audience fill out an evaluation form at the end of your presentation. When you develop the evaluation form, have them rate the speaker's tone, volume, and rate of presenting information, audiovisual aids, handout information, what was learned and how it will be applied, a comment section, and an area to make suggestions on how to improve the inservice. Not only can it be fun to read the evaluations, but often they will contain creative ideas you can incorporate into future presentations.

Good Luck! I would enjoy hearing about your experience with presenting a mini-humor seminar. You can write to me at: Kerri Lynn Hilbert, Humor for the Health of It, 7435 Tangle Ridge Drive, Mechanicsville, VA 23111.



### Useful information about the benefits of humor, etc.:

Metcalf, C.W. and Felible, R. (1992). Lighten Up: Survival Skills for People Under Pressure. Reading: Addison Wesley Publishing Company, Inc.

Wooten, P. Jest for the Health of It. An Interview with Sandy Ritz, MSW, MPH, ND. The Journal of Nursing Jocularity, 5(1), 46.

Wooten, P. Jest for the Health of It. An Interview with William Fry, Jr. MD. The Journal of Nursing Jocularity, 4(2), 46-47.

The Journal of Nursing Jocularity presents Humor Skills for the Health Professional, June 2-4, 1995, Philadelphia, PA. Recorded by Sounds True Recordings, 735 Walnut St., Boulder, CO, 80302. Phone (303)449-6229. (audio tape)

### A/V aids I use in my presentations:

Edwards, G. (1995). 'Scuse Me While I Kiss This Guy and Other Misheard Lyrics. New York: Simon and Schuster.

Garner, J. F. (1994). Politically Correct Bedtime Stories: Modern Tales for Our Life and Times. New York: Macmillan Publishing Company.

Greenburg, D. (1987). How to Make Yourself Miserable for the Rest of the Century: A Vital Training Manual, 25th

Anniversary edition. New York: Vintage Books.

Guisewite, M. (1993). Dancing Through Life in a Pair of Broken Heels: Extremely Short Stories for the Totally Stressed. New York: Bantam Books.

Jillette, P. and Teller (1989). Cruel Tricks for Dear Friends. New York: Villard Books.

Kenefick, C. Editor (1993). The Best of Nursing Humor. Philadelphia: Hanley and Belfus Inc.

Schroeder, N. (1986). The Unofficial Nurses' Handbook. New York: Ultra Communications, Inc.

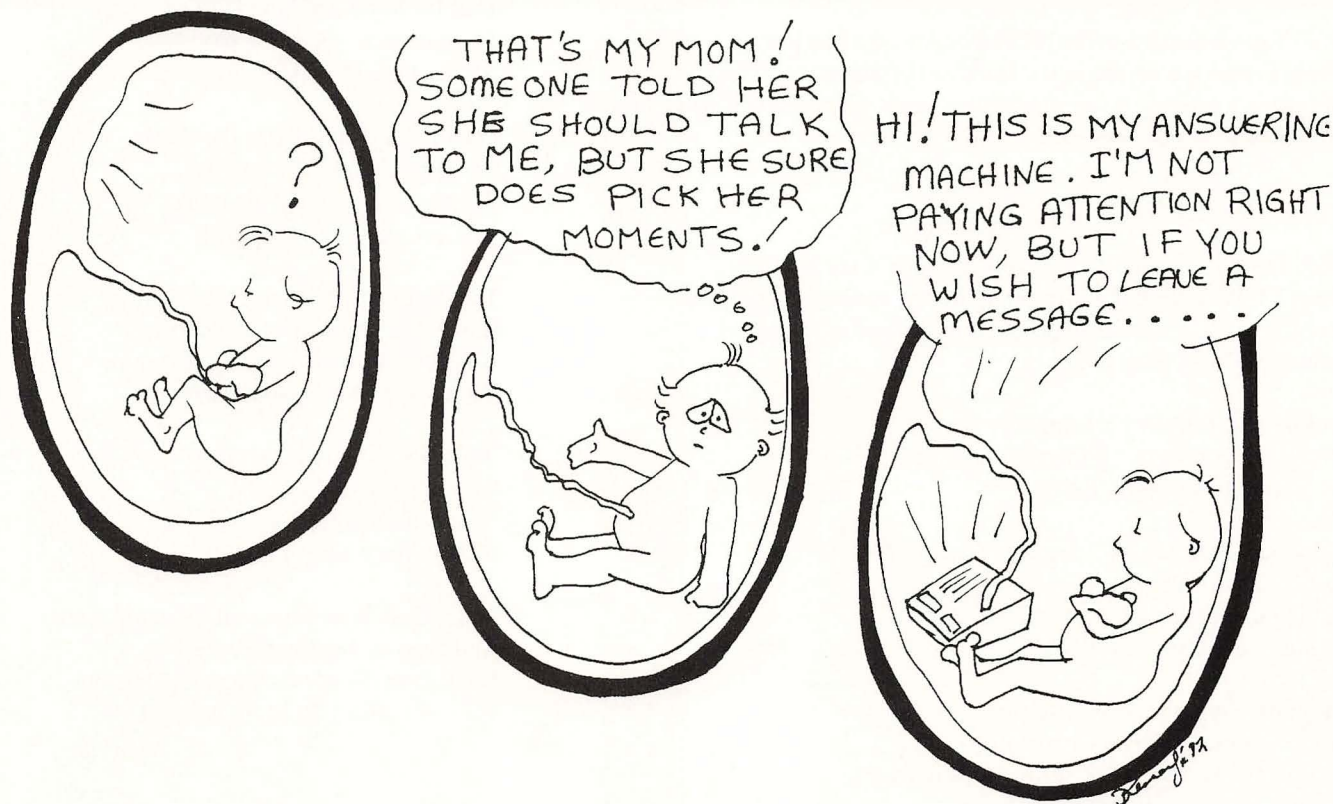
Wooten, P. Editor (1994). Heart, Humor and Healing. Mount Shasta: Commune-A-Key Publishing.

### Audio:

"Bugs Bunny on Broadway: The Warner Brothers Symphony Orchestra." Burbank: Warner Brothers Records, Inc., 1991.

"It's a Sunshine Day: The Best of the Brady Bunch." University City: MCA Records, 1993.

Martin, S. (1977). "Let's Get Small." Burbank: Warner Brothers Records, Inc.







### **The ER Ballad**

(Sung to the tune of "Battle Hymn of the Republic")  
by Joe LeChuga, ER Tech

My eyes have seen the gory of this crazy ER night,  
I have seen things that would make a lesser man pass out from fright,  
In the rooms, I've closed my eyes and held my breath with all my might,  
But they just keep piling in.

Refrain: Gory traumas comin' to ya,  
Whining whimps who want to sue ya,  
Medics, sorry that they knew ya,  
And they just keep piling in.

There are no beds upstairs, so all "admits" are staying here,  
Docs standing by to suture if the cops can find an ear,  
This night's not halfway over but the outlook's pretty clear,  
'cause they just keep piling in.

Refrain (repeat)

We've got wounded in the back door 'cause a bus just hit a train,  
There are people on the lobby floor just crying out in pain,  
Someone's running down the hallway screaming "This place is insane!"  
And they just keep piling in.

Refrain (repeat)

Well the shift is almost over 'cause outside I see daylight,  
Soon I'll be driving home to climb in bed and say goodnight,  
But I know that half these people will be here again tonight,  
'cause they just keep piling in.

### **Labor and Delivery's Lament**

(Sung to the tune of "Winter Wonderland")  
by Vivian Rasmussen, RNC

Someone's screeching. Are you listening?  
In LR2 it is deafening.  
A bloodcurdling yell, it's all going to hell,  
in Labor and Delivery today!

Monitors ding, the baby's dipping.  
Nurses running, doctors screaming.  
It is an awful sight, to see grown-ups in fright,  
rushing to a C-section tonight!

In the OR, how they are preparing...  
the tools to cut and pull and cauterize.  
Anesthesia, in the corner praying,  
that he can get it in, in just one try.

Gone away is the premium pay.  
But more work is here to stay.  
We're singing the blues, so we don't booze  
in Labor and Delivery today!

Down the hall, the in-laws are all clawing  
at the window to see the newborn.  
We face unafraid the next Waddling wave,  
working in this crazy birthing land!

### **The HMO Hymn**

(Sung to the tune of "Old One Hundredth")  
by Brenda W. Quinn, BA

Praise God from Whom all blessings flow  
That He has moved the HMO.  
To reconsider why they pay  
After a time of long delay.

Let all that dwell below the skies  
Cry out "Unfair!" as we arise.  
We never make a payment late,  
And yet we must negotiate.

The doctor that we long to see  
Has got no time for you and me.  
And time with patients he must shirk  
To do the endless paperwork.

When Jesus in a manger lay,  
So long ago, so far away,  
'Twas in a stable, don't you know,  
'Cause Mary had an HMO.

Praise God from whom all blessings flow.  
And keep us healthy here below.  
Send down Your blessings double quick.  
We can't afford, Lord, to be sick!



## Journal of Polymorphous Perversity®

Now in it's 14th year of publication, the *Journal of Polymorphous Perversity* is the humorous and satirical journal of psychology that *The Wall Street Journal* called "a social scientist's answer to *Mad* magazine." *JPP* readers have been treated to such irreverent spoofs as "Psychotherapy of the Dead," "The Etiology and Treatment of Childhood," "Oral Sadism and the Vegetarian Personality," and "The Man Who Mistook His Wife for a Dishwasher." Where else but between the covers of *JPP* would you expect to find a lampoon of managed care, where the (fictitious) Spartan Life & Casualty's letterhead bears the following corporate credo?:

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## THE FLORENCE PROJECT

### Nurses Uniting to Return HEALTH to Health Care!

The Florence Project began in August, 1997 as a number of anecdotal concerns expressed on NURSENET, an email list for nurses. Florence Nightingale is the the original nurse activist for whom our project is named. Since its inception in August, our project has mushroomed into a uniting of nurses who share a common goal. We are a grass-roots organization—nurses from across the United States who, by combining our talents, education, energy and respect for our patients and our profession, have charged ourselves with improving the state of health care and halting the erosion of the professional status of nurses. To join our project, please visit our website: <http://www.florenceproject.org>

#### Our Mission

As nurses, we are committed to the provision of high quality health care to all people, unrestricted by profit motives, personal attributes or the nature of any illness.

#### Our Vision

We are nurses who believe that health care should not be motivated by economic gain. We believe that access to health care is necessary for the health of each person, community and nation. We will go to individuals, neighborhoods, civic organizations, healthcare providers and all media with this message:

An equal-access and high quality health care system is a human right, not a privilege. The quality of life made possible through competent and consistent health care delivery must be within reach of all people.

#### Our Goal

Our goal is to effect legislative and institutional policy change by acting to increase public awareness of issues that currently compromise the delivery of consistent, competent health care.

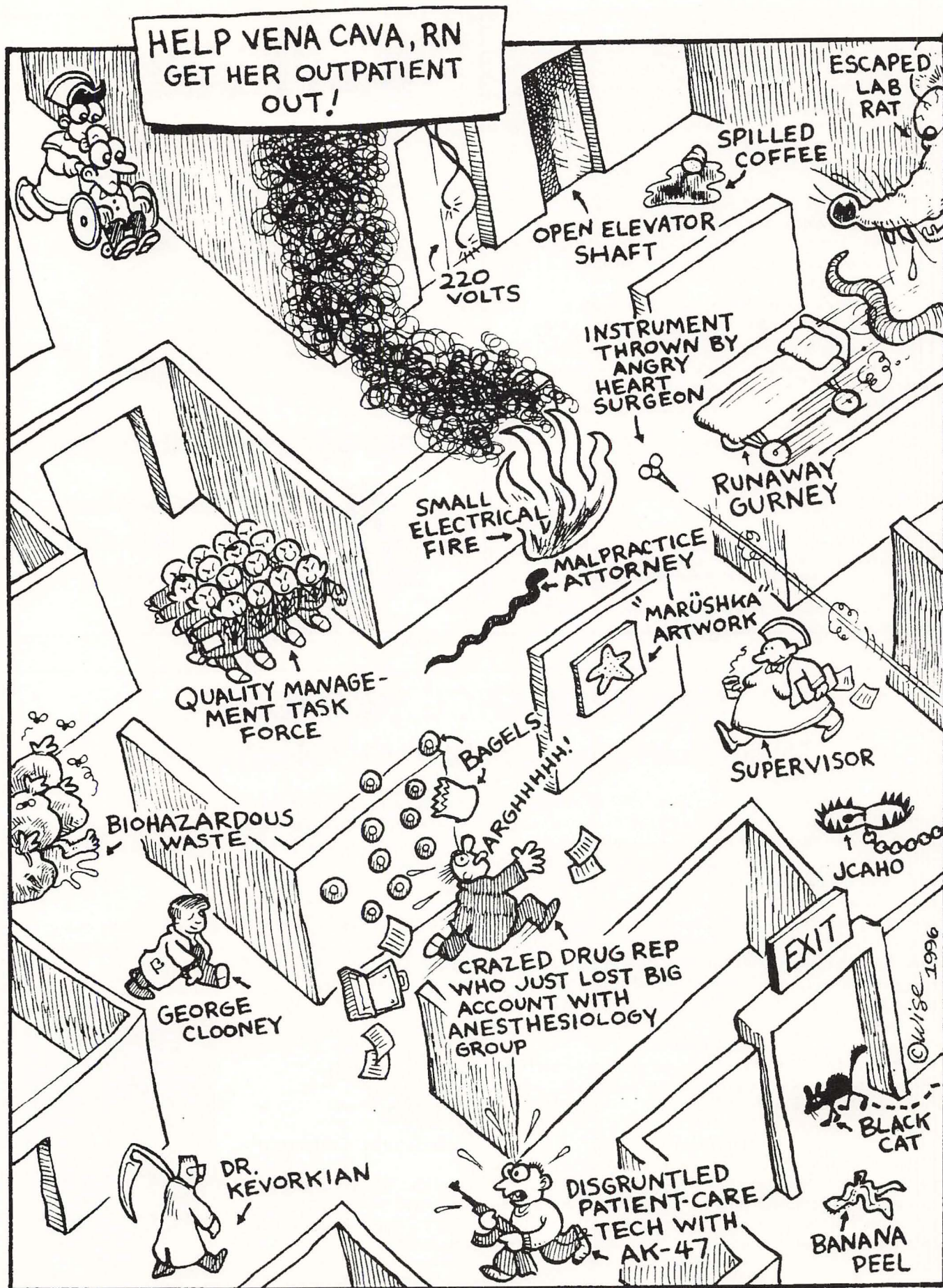
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OF THE  
WEIRD SHIFT

IT STARTED OUT  
LIKE ANY NORMAL  
SHIFT... WE WERE  
BUSY, BUT THINGS  
BEGAN TO CHANGE  
AFTER A PATIENT  
BY THE NAME OF  
S. KING WAS  
ADMITTED. THE  
SHIFT JUST STARTED  
GETTING WEIRD...

MR. KING, CAN I GET  
YOU ANYTHING FROM  
THE CAFETERIA?

HOW ABOUT  
SOME TUNA!

THAT NEW PATIENT  
IN 313, MR. KING,  
HE SAYS HE'S  
A WRITER.

YA, I ADMITTED HIM.  
YOU KNOW A SAUCER  
OF WARM MILK SURE  
SOUNDS GOOD.

BY 8:45 P.M. WE HAD MOST OF THE  
PATIENTS SETTLED IN FOR THE NIGHT.  
THAN STAFF SEEMED MORE CURIOUS  
THE USUAL AND SPENT A LOT OF  
TIME IN MR. KING'S ROOM. I GOT  
A WHIFF OF A STRONG ODOR. IT  
REMINDED ME OF USED CAT LITTER,  
BUT THE CHARGE NURSE JUST  
PURRED, HANDED ME A CUP OF  
COFFEE, AND WALKED OFF...

BY 10:30, ALL THE  
STAFF HAD TURNED  
INTO CATS...

I WAS ABOUT TO  
SCREAM WHEN I  
WOKE UP IN  
MY BED...

PHEW, I JUST  
FELL ASLEEP  
WHILE I WAS  
READING AFTER  
WORK LAST NIGHT.  
NO MORE HORROR  
STORIES BEFORE  
GOING TO  
BED...

AHHH!



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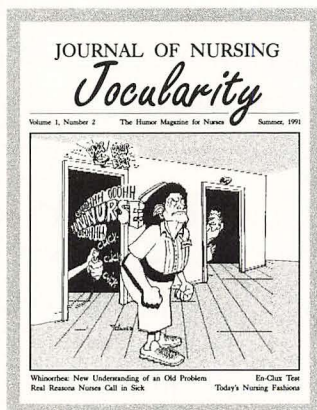
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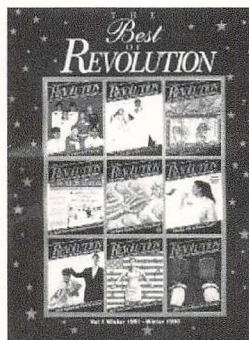
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# IV Therapy Wordfind

Diane Rumsey, RN, MS

V	F	A	L	P	U	F	S	T	C	Y	R	O	F	F	M	T	F
G	B	T	N	E	R	S	N	T	H	U	T	G	M	L	U	P	X
R	A	T	G	T	X	A	W	I	E	E	C	E	N	E	U	D	C
T	D	U	C	N	I	T	L	S	R	R	R	A	F	I	H	I	K
L	O	N	G	U	I	B	R	U	I	A	O	A	N	A	B	C	D
L	U	O	P	E	R	S	I	A	C	S	P	I	P	U	S	U	M
A	B	I	O	R	Q	T	S	O	V	S	P	E	D	Y	L	I	T
T	L	S	R	Y	N	Y	S	E	T	A	A	E	H	I	D	A	W
I	E	N	T	N	J	E	V	N	R	I	S	V	S	C	V	E	E
B	L	E	M	S	Y	E	V	H	I	D	C	A	L	A	K	I	Y
U	U	T	H	J	N	Y	T	M	O	E	C	A	T	C	K	E	G
C	M	X	C	O	E	E	I	R	P	A	V	L	O	I	N	H	A
E	E	E	U	N	G	D	G	I	T	I	O	L	A	E	O	H	T
T	N	S	I	N	L	A	D	H	C	H	P	C	E	S	S	N	P
N	E	L	I	I	N	U	E	U	O	E	C	D	G	U	T	I	S
A	A	R	N	I	R	T	L	C	H	E	L	U	L	O	C	N	X
S	Y	E	S	A	E	A	L	L	S	E	R	F	L	C	F	X	S
S	D	M	L	R	R	A	H	S	M	D	R	C	M	H	M	W	Y

Here are 46 words used in IV Therapy. See how many you can find! Remember that words can be found horizontally, vertically and diagonally, and can be spelled forward or backward. Good luck! Solution on page 52.

ACCESS  
ALCOHOL  
ANTECUBITAL  
ANTIBIOTIC  
ANTIEMETIC  
ASEPSIS  
CATHETER  
CHEMO  
CLOT  
DOUBLE LUMEN  
DRESSING  
DRUGS

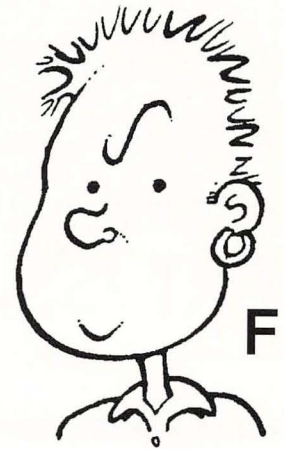
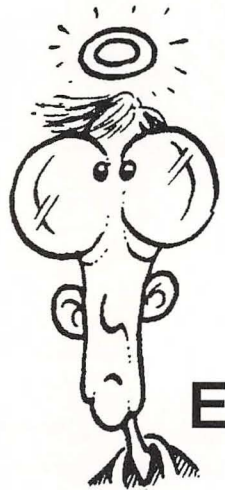
EPIDURAL  
EXTENSION  
EXTRAVASATION  
FLUID  
FLUSH  
GAUGE  
HEP LOCK  
HEPARIN  
HYDRATION  
INFECTION  
INFILTRATE  
INJECTION

INSERTION  
INSTRUCT  
INTRAVENOUS  
IVIG  
MIDCLAVICULAR  
MIDLINE  
NEEDLE  
NEEDLELESS  
ORGANISM  
PARENTERAL  
PICC  
PORT

SAFETY  
SALINE  
STEROID  
SYRINGE  
THERAPY  
TRANSFUSION  
TRIPLE LUMEN  
TUBING  
VASCULAR  
VENOUS



# NURSE TYPES



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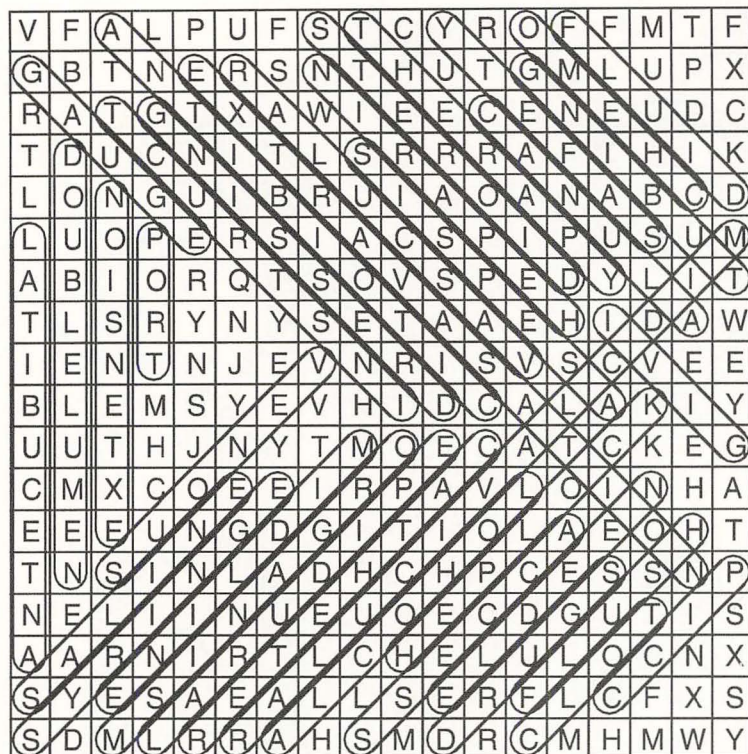
Match the picture above with the Nurse Type it represents from the list below. Solution on page 52.

Pet  
Lifer  
Burn-Out

Busybody  
Super Nurse  
Radical

Doctor's Wife  
Martyr





### Nurse Types - Solutions

- A Radical
- B Pet
- C Doctor's Wife
- D Super Nurse
- E Martyr
- F Busybody
- G Lifer
- H Burn-Out

## NEXT ISSUE

**When We Get Behind Closed Doors** by Karen McCloud, RN. Father Tom put his chalk down. He wrote, "We put the Fun in Funerals." This was the introduction to *Death and Dying*, an elective course for the BS in Nursing.

**You've Been Waiting Too Long When . . .** by Heidi Bakerman, MscN. How do your patients know they've been in the waiting room long enough? Here are some tips.

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**OB Patients We All Know** by Twyla S. Vincent, RN, C, BSN. Obstetric patients fall into distinct categories. How many can you identify?

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# Get Serious: Humor Research Update

by Joseph R. Dunn, Ph.D.

What's new in humor research? Over the past decade several studies have identified humor as cushioning the effects of stress and reducing the impact of negative emotions. Some recent investigations support previous research and expand, clarify and apply findings to new situations. Also, there's new information on brain activity and humor.

If you have half-a-mind to laugh, remember, it takes a whole brain. That's one way to summarize a chapter from Robert Ornstein's new book, *The Right Mind: Making Sense of Hemispheres*. This book provides an updated overview of right- and left-brain research. One chapter, "Wit of Half-wit?" discusses the role of both hemispheres in relation to humor. The author emphasizes that both hemispheres contribute to every process, but each contributes in a specialized way. One key aspect to humor is resolving incongruity. Comedy involves surprise, a shift in expectation and reinterpretation. The right hemisphere lets us hold multiple meanings which makes possible the reinterpretation that results in getting the joke. The left hemisphere is involved with syntax, choice of words and literal meaning. Its role is to select the meaning of the word that is appropriate and essential for "getting" the joke.

People with right-hemisphere damage can't hold the variety of possibilities available so that the left-hemisphere can select the appropriate interpretation and reinterpret information. Ornstein writes, "... the role of the right hemisphere seems to involve maintaining the alternative meanings of ambiguous words in immediate memory, while the role of the left hemisphere is to focus on only one meaning." The right hemisphere serves in understanding the context and detecting nonverbal cues—facial expressions, tone of voice, gestures—which are necessary to understanding what words mean and vital to appreciating humor. The right hemisphere helps to get the overall view and context and consider an array of possible interpretations while the left hemi-

sphere serves to filter and select. (Ornstein, R., 1997, *The Right Mind: Making Sense of the Hemispheres*, New York: Harcourt Brace and Co.)

Humor plays a major role in family communication, yet the silence in research literature is astounding. Professors Nancy Brooks and Diana W. Guthrie investigated the role of humor on 52 patients and family members of patients with lifelong disabling conditions (multiple sclerosis, rheumatoid arthritis, and diabetes). They conducted in-depth interviews concerning features of family humor in coping with stress. They found that family humor differs from public humor in that there is greater variety, it is highly personal, and it "usually makes only a fleeting appearance." "Above all, it draws from intimate information to create amusement that is often not well understood outside the family." The researchers observe that family humor has a shared history and consequences that may last a lifetime. Teasing was identified as the most frequent form of family humor and the researchers conclude that disability and physical problems are "acceptable subjects" for humor provided the person "does not feel ridiculed or hurt." Family humor was identified as a barometer to measure family resiliency in managing lifelong stress. (Brooks, N. A., Guthrie, D. W., 1997, *Laughing together: Families under constant stress: Humor & Health Journal*, 6(6): 102-104)

Commenting on the cat that sat on the hot stove-lid, Mark Twain observed, "She will never sit down on a hot stove-lid again—and that is well; but also she will never sit down on a cold one any more." That's called conditioned fear. Can positive expressions of emotions such as humor be used to overcome negative emotions such as fear? W. Larry Ventis carried out an interesting experiment investigating the therapeutic role of humor in treating phobia. Pre-and post-test data were collected on three groups of students who were afraid of spiders. One group was treated with traditional systematic desensitization asso-

ciating relaxation with visualized scenes involving spiders. The second group used desensitization but incorporated humor instead of relaxation. The third group was used as a control and received no treatment. Results revealed that "standard desensitization and humor desensitization were both more significantly effective than the untreated control group but they were not clearly differentiated from each other." In other words, both treatment groups—standard desensitization using relaxation and desensitization using humor—were about equally effective in treating fear of spiders. An interview discussing the results of the study will appear in a 1998 issue of *Humor & Health Journal*.

Does humor reduce the effects of stress for everybody—even those who typically don't use humor to cope? A study by Michelle Gayle Newman and Arthur A. Stone indicates that it does. They investigated forty male students who scored high and forty who scored low on a test assessing the extent to which they used humor to cope. Each group developed narration for a stressful film. One group came up with a serious narration and, the second, a humorous narration. Results revealed that producing humor reduced experimental stress for both those who initially scored high and those who initially scored low on use of humor to cope with stress. Both groups benefited from producing humor. The study went beyond previous findings. It revealed that humor can benefit those who do not typically choose to use humor to cope, and supports the view that using humor cope may be acquired. (Newman, M.G., Stone, A. A., 1996, Does humor moderate the effects of experimentally-induced stress? *Annals of Behavioral Medicine*, 18(2):101-109.)

Joseph Dunn, PhD is the editor of the *Humor, & Health Journal* which is published bimonthly. For information, see his website at <http://www.intop.net/~jrdunn/>



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# HUMOR

by Karyn Buxman, RN, MS

Researchers and authors frequently discuss the benefits of humor in health care, but they don't tell you how to do it. There has been no practical, easy-to-follow book which shows how to integrate humor into health care until now. In *Use It or Lose It! Humor and the Treatment of Mental Illness* (128 pages, 1997, Surprise!!! Publishing) Mark Darby shows how to clinically apply humor in mental health treatment.

Most humor in health care occurs in the moment. When something funny happens, people laugh to ease the tension. Spontaneous humor is a valuable part of health care, but Darby believes that spontaneity is only half of the humor experience. From his research and over sixteen years as a mental health clinician and nurse, Darby contends that all illnesses affect a patient's ability to fully experience humor. The trick is to delineate how the illness affects the patient and to compensate for these changes by manipulating the humor experience. Patients with a short attention span should experience simple short humor, like single panel cartoons. Patients who tend to be auditory learners might benefit more from verbal humor. One of the most interesting as-

pects of the manipulation of humor occurs with a paranoid patient. In such a case, every aspect of humor should be explained to the patient before the humor experience. Far from ruining the experience, Darby believes this enables patients to participate to the fullest extent they are capable. "Humor can be very effective even though you remove the element of surprise."

The patient-clinician dyad is the most powerful tool in the treatment of mental illness. Darby shows how a clinician can infuse this relationship with humor when the clinician becomes aware of his own "personal presence." A personal presence is "the message we project onto the environment. Others observe and react to our personal presence." Most of us are familiar with grumpy individuals who come to work in a bad mood. These grumpy people cause avoidance in others without directly communicating their mood. The same can be said of a humorous personal pres-

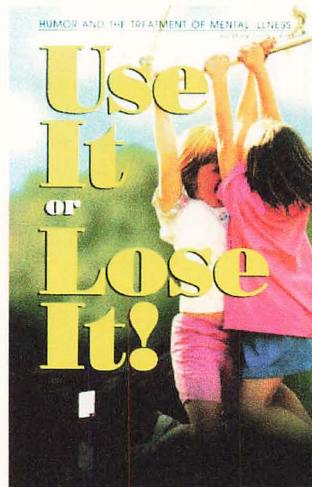
ence. The clinician needs to be aware of her personal presence to project the message, "Humor is allowed here."

Darby follows up on this notion with a discussion on how to influence coworkers to use humor in mental health treatment. He also gives practical ideas on how to change the environment in which you work to support the use of humor.

The book concludes with thirty-five hints on applying humor in mental health care. The hints range from how to use humor to lessen a delu-

sional system to increasing social skills through humor. Each hint includes a goal, action, example and explanation. By describing the hint in this way, the reader is challenged to come up with his or her own unique application of humor in mental health treatment. Readers are asked to share their own hints with the author, who hopes to put them in a second publication.

This valuable tool is a giant step forward in the practical application of humor in mental health treatment. *Use It or Lose It! Humor and the Treat-*





*ment of Mental Illness* can be ordered by sending \$14.95 plus \$2 shipping and handling to Mark Darby, RN, Surprise !!!, 2917 No. 49th St. Omaha, NE 68104. The book can also be ordered on the World Wide Web at <http://www.mdarby.com>.

*Who's Got the Keys? A Nursing Musical* (audio cassette 60 minutes, \$12.95; CD 60 minutes, \$17.95; T-shirt \$16.00; original script \$19.95; video 110 minutes, \$24.95). As far as I'm aware, this funny and poignant musical extravaganza about nursing and health care is the one and only of its kind. *Who's Got the Keys?* is the caliber of anything you might see off-Broadway. Recorded live at the Disneyland Hotel, it takes a humorous stab at uncaring HMOs and health care systems that fail to provide compassion. Almost all of the twenty-four creators and performers are health care professionals. The story's heroine, Nancy (Tami Parker), is a burnt-out nurse from the "Have Nurse Will Travel" agency. An ER patient, a.k.a. G.O.M.E.R. (Get Out of My Emergency Room), is played by JNJ publisher, Doug Fletcher.

In the midst of the usual hospital chaos and confusion, Nancy wheels Gomer into the MRI without removing her narcotics keys. The result: a cross between *The Time Machine* and the *Wizard of Oz*. Gomer and Nancy are tossed into the stone age where they discover the first of the "keys for caring:" humor. From there they are transported to Medieval Times to learn of the second key: compassion. Next, a stop at the Crimean Battlefield, where Florence (as you've never seen her depicted before!) sings and dances to one of the show's musical highlights, "Nightingale Tango." Here Nancy discovers another key: visionary leadership.

From there, the two are transported to the recent past where they observe the struggles of team members to get

along and learn of another key: teamwork. The cast performs another delightful song and parody of the macarena, "Las Llaves" which is Spanish for "The Keys." (My own personal experience has been that this song and dance is a hit at nurses' stations, units, meetings, and conventions around the country; a real hoot!) Then it's forward into an automated future, complete with robot assistants and a four headed monster . . . the HMO, where Nancy finds the final key: empowerment.

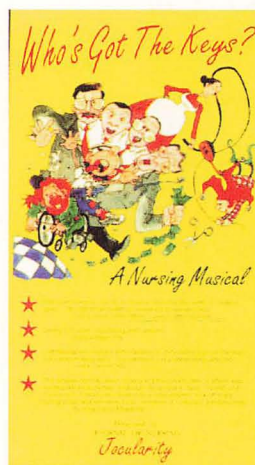
The performance is filled with singing and dancing, displaying the musical talents of the Nursing Notes and Too Live Nurse, in addition to many others. The script was produced

by Doug Fletcher, directed by Bob Diskin, and written by Diskin, Fletcher, Ted Fiebke, Larry Brennan, Amy Fiebke, Clifford Kuhn, Georgia Moss and Sandy Ritz.

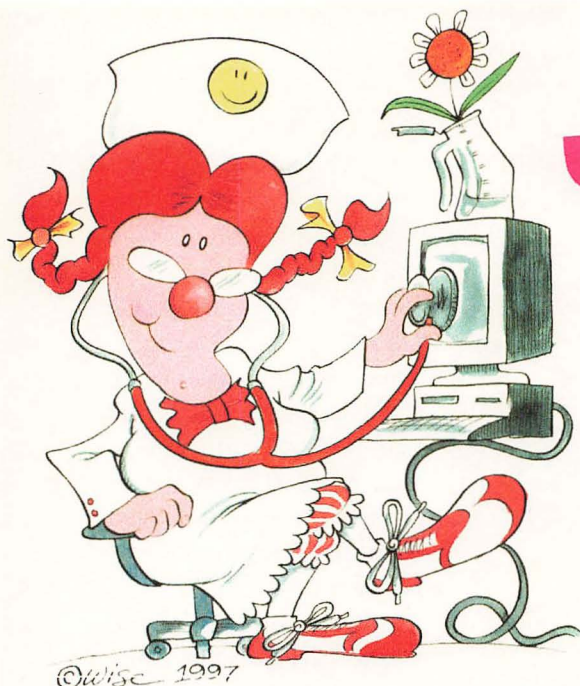
After watching the video, I immediately began to picture all the folks that I wanted to see this video, to share my fun and enthusiasm. Not only is it a shot in the arm for those who feel themselves burning out, but I believe this is also a valuable lesson for students and recent graduates, as well. To order *Who's Got the Keys?* and any related products,

contact the JNJ at 602-835-6165 or check the JNJ website at [www.jocularity.com/keys](http://www.jocularity.com/keys) for details.

Until next time, I remain yours in laughter!







# Jest for the Health of It!

by Patty Wooten, BSN, a.k.a. "Nancy Nurse"

## An Interview with Shobi Dobi

Shobi Dobi is the editor of the Hospital Clown Newsletter, a twelve page quarterly publication that provides inspiration and guidance for clowns working in hospitals. I have clowned alongside Shobi Dobi and was amazed at her power and effectiveness with patients of all ages. She has so much to share.

*How would you describe your "clown"?*

Well, I'm really more fun than funny.

*What made you decide to become a clown?*

One summer, for my birthday, a friend of mine gave me a weekend clown character development intensive workshop with Arina Isaacson of the Clown School of San Francisco. Five minutes into the workshop Shobi Dobi just popped out. It was as if she'd been there all the time and just needed an excuse to play. And play it is. Clowns have a good time playing, we come from a place of childlike play-

fulness. We reach out and touch another's inner child and invite them to join in our playtime. This process instills a sense of joy within the other. This playfulness is such a contrast to the serious, somber atmosphere of a hospital.

*So the essence of being a clown is playfulness?*

Yes. It is not a matter of being funny, but rather of having fun. Clowns are in the present—vulnerable and innocent, often childlike in their antics. They reach into their audience to find the child to play with. They tease doctors, dance with nurses, fall over their own feet, lose their hats, bump into doors—all in play. When I enter the hospital, people just look at me and smile—yes everyone! In all the time I've been clowning, only once did I find someone I could not get to smile or laugh. (A cardiac patient—hmmmm.)

When I get into Shobi, I turn on an inner joy. There is a glow inside that

I have found is very contagious. Everything comes from that joy. Open heart listening, human touch, eye contact, compassion all coming from the heart. That may seem like a big responsibility, but I receive a lot of help by opening up to a higher source—a universal joy.

*How can people get in touch with this inner joy?*

If you can begin to laugh at yourself, then you will open up the bubble of joy inside of you. I never pass a mirror without making a silly face. Some people, like me, have a very rubber-like face, able to create countless expressions. I wasn't born with that rubber face, I acquired it through use! I suggest you stand in front of mirror and make faces until you start to laugh. Learn to laugh at yourself. Don't pass mirror without making a face. When I visit in hospitals, I give the parents of kids a clown nose and then tell them to go into the bathroom and make at least ten funny faces and



then come in and show their kids.

*You have a very successful Hospital Clown Newsletter. Why did you start it?*

I had a strong feeling that there were a lot of clowns out there in the world doing caring clowning and needed to network. It is an overwhelming experience to be a caring clown and you have to be able to share it. A great deal of emotion goes through you every time you go into a hospital. We experience some incredible miracles. I also wanted it to be a source of inspiration to those who thought they might want to clown in health care facilities. Each newsletter has some basic bedside routines, things that are simple and easy to create. I also tell the readers about mail order sources to obtain any props, supplies or books I refer to. I will usually give some instruction about the use of puppets. Puppets are a great way to entertain. One of the most important parts of the newsletter is the space reserved for clowns to share stories of their experiences with hospital clowning. Finally, I provide some spiritual insights and inspirations. To really be effective as caring clowns, we must be vulnerable and stay in touch with our source of joy. To do this, we need a strong faith. I'm not talking about religion, but rather a sense of spirit. Our clowning is best when we allow spirit to move through us. I try to give people some techniques to get into touch with that place of silliness and source of joy so they can keep their hearts open, and allow spirit to move through them.

*What kind of clown routines can nurses use easily during their workday?*

Well, that's an individual choice

and preference. If nurses read the *Hospital Clown Newsletter*, they can choose which style and "bits" work



best for them. I think puppets are great. Be sure to choose a puppet that have a pliable face, one that works easily on the hand and can make expressions. They need to "come alive" to be fun and funny. Sometimes people worry because they aren't ventriloquists, they won't be entertaining. Really though, people don't really care if your mouth moves. Sometimes, I draw a big smile on a paper face mask and wear that when I use puppets. Then the puppet announces, "Shobi is the best ventriloquist in the world." Of course nobody can see my mouth move because it is covered by the mask.

*Shobi Dobi, how can people become hospital clowns or find clowns in their community to provide this service?*

There are many ways to learn caring clowning. Our newsletter is a good start. I think chapter six in your book *Compassionate Laughter* has

great tips and resources. Clown Camp provides week-long intensive training. Richard Snowberg, Director of Clown Camp, has written an excellent book to help clowns get started. To find a clown in your community, you can contact the Clowns of America either by mail or on their web site, but you need to remember that just because someone is a clown, that doesn't qualify him to be an effective hospital clown. It's a very special service. In fact, I believe that if hospital Administrators could spend just one hour behind my eyes and see the joy that a clown brings out in the hospital, there would be a clown in every hospital in the world. Now that's what I'd call health care reform!

My blessing and advice to everyone: May you never pass a mirror without making a face!

#### Resources:

Hospital Clown Newsletter - Heart to Heart Caring Clowns, PO Box 8957, Emeryville, CA 94662, e-mail: ShobiDobi@aol.com

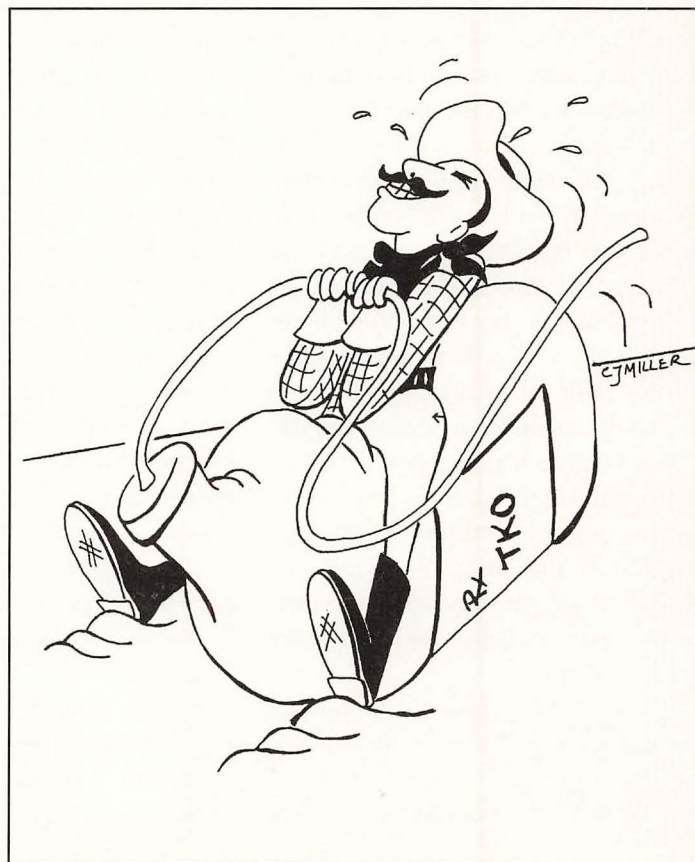
San Francisco Clown School, Christina Lewis, 1000 Prague, San Francisco, CA; phone: (415) 206-1765

Laughmakers Magazine, PO Box 160, Syracuse, NY 13215; Phone: (314) 492-4523; e-mail: lafmaker@aol.com

Clowns of America International, PO Box 570, Lake Jackson, TX 77566-0570; web site: <http://www.clown.org/>

Clown Camp, Richard Snowberg, Director, University of Wisconsin at LaCrosse, 1725 State St., LaCrosse, WI 54601; phone: 608-785-8053







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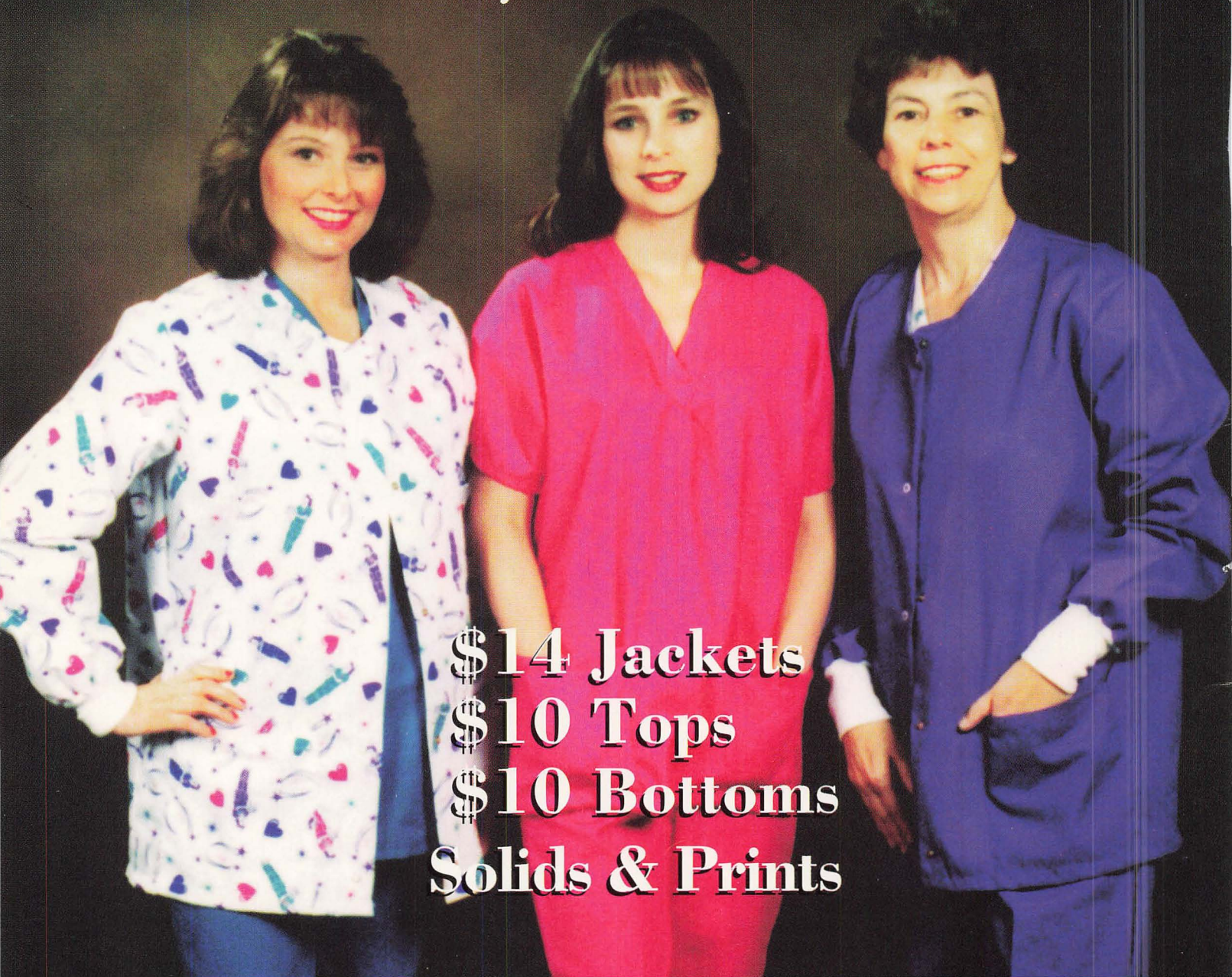
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